PSYCHOANALYSIS COMES OF AGE

BY FRANZ ALEXANDER (CHICAGO)

I feel it a great honor and an equally great responsibility to represent the American Psychoanalytic Association in this important period of its existence.

In two respects this year is a significant one. In recent years due to the adversities in European political and social events, the development of psychoanalysis has shifted its center from Europe to this country. The culmination of this development was reached recently in the dissolution of the Viennese group, the oldest and one of the largest and most active centers of psychoanalysis. Words cannot express the shock of these events upon all of those who devote themselves to the practice and furthering of psychoanalysis. Although the European developments came neither suddenly nor unexpectedly, yet it is almost impossible to realize that the founder of psychoanalysis, in the eighty-second year of his life, has had to leave his residence in Berggasse 19 to accept the hospitality of a foreign country. If individuals have a deep influence on the development of human thought and on the course of human fate, Sigmund Freud is certainly an example. Freud and the Viennese psychoanalytic group are forced to leave Vienna; psychoanalysis however has its home in the whole world. It has become an integral part of modern thought and, as a therapy, an integral part of modern medicine.

A few years ago the breaking up of this great European center of psychoanalytic teaching and research would have been an even greater catastrophe. In the past several years, however, strong centers of psychoanalysis have sprung up in this country upon the foundations that were laid down by the

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pioneer work of Abraham Brill. The rapid development of psychoanalysis in America was due in part to the disintegration of the Berlin Psychoanalytic Institute and to the permanent threat to which the Viennese group has been exposed for years. A number of experienced European analysts have come to this country and are now contributing to the activities of the American groups.

Psychoanalysis in America has developed in a direction which in certain respects differs from what was characteristic of its European development. Here in a brief period, the relationship of psychoanalysis to psychiatry and to the rest of medicine has changed rapidly. Psychoanalysis, instead of remaining an isolated discipline, with a specific object, method, and way of thinking which were shunned by all the other sciences, has become more and more a part of medicine in so far as it is a therapy, and a part of social science in so far as it deals with human interrelationships. At the same time psychoanalysis has assumed a more scientific character, and the emphasis on its contributions to a *Weltanschauung* has retreated correspondingly into the background. The interest in the theoretical superstructure of psychoanalysis had gradually given place to an emphasis upon the observational foundations of our field. The need for detailed and reliable records of analytical material to facilitate the rechecking of the findings by other observers and also to make possible a careful comparative microscopic study of this recorded material, has been clearly recognized. The fundamental principles discovered by Freud: the existence of the dynamic unconscious, infantile sexuality, and such dynamic concepts as regression, fixation, substitution—have stood the test of further empirical scrutiny sufficiently and investigators have settled down to a more precise study of these phenomena. Meanwhile the world at large has become accustomed to fundamental conceptions of personality which at the time of their discovery by Freud seemed so revolutionary. The emotional resistance of the early post-Victorian period against psychoanalysis has given place to a scientific scrutiny which unfortunately is often confused by

psychoanalysts with the former uncritical resistance. In those earlier days when scepticism was expressed about the fundamental discoveries of psychoanalysis, about the existence and the dynamic influence of unconscious processes, about the œdipus complex, or the manifestations of infantile sexuality, the monotonous answer was, 'You have a resistance against psychoanalysis and should be psychoanalyzed'. One must admit that in the overwhelming majority of cases this answer was correct. It is most unfortunate however, that the request for a rigid scientific verification of psychoanalytic findings, the demand for experimental proofs, and questioning of certain theoretical deductions is often confused with earlier forms of emotional resistance. The number of men in different fields of science who thoroughly understand the fundamental principles of psychoanalysis and who at the same time feel the need for more precise and even quantitative tests of psychodynamic formulations is growing steadily. Such a critical attitude is fundamentally different from the former uncritical prejudice which was definitely destructive because it rejected scientific evidence. The newer critical appraisal is the manifestation of a scientific spirit which every true scientist should assume toward the theoretical structure of his own field. This attitude aims on the basis of evidence to establish truth and not to deny it. This type of criticism stimulates more precise work whereas the emotional bias tried to discourage research in this delicate field of the human personality.

I do not want to imply that today there are no signs of preconceived objections to psychoanalysis. The repeated attempts to divert psychiatric research from the psychological field and to substitute premature physiological speculations for well-established psychological causal connections are well-known manifestations of such a resistance. A similar retreat from psychological insight is the substitution of certain sociological generalities, as for example, 'competitive civilization' to account for individual motivations actually springing from the rivalry among siblings. Although psychoanalysis must ultimately be integrated with physiology and with sociology, and must con-

stantly try to correlate psychological facts with physiological and sociological phenomena, psychoanalysis nonetheless remains essentially a psychological method which tries to understand human behavior in terms of psychology. The need for a further integration of psychology with physiology and sociology does not justify the evasion of psychological issues by physiological or sociological assumptions. In spite of these aberrations the growing biological and sociological orientation of psychoanalysis is a most healthy development and is a necessary consequence of the fact that man is at once a biological organism, an individual personality, and a member of an organized social group. Every one-sided approach to the understanding of man which does not take into consideration all of these three aspects remains incomplete and gives rise to a distorted picture. It is only natural that increasing knowledge of the human being both from the physiological and psychological point of view must lead to a more integrated view of personality and its disturbances. This increasing knowledge of psychosomatic relationships (which does not imply that there are two disparate entities in man—soma and psyche—but that there are somatic and psychological aspects of man closely coordinated with each other) reflects itself in the increasing medical orientation of psychoanalysis as a therapy. A psychoanalytic therapist who is not a physician is eventually becoming unacceptable to us. On the other hand, understanding of a personality in relationship to group life, to cultural traditions and ideologies, is becoming equally a necessity. This sociological orientation in psychoanalysis has strong support in the traditional sociological trend in American psychiatry which has developed a new profession, the psychiatric social worker.

From this perspective we can better understand the changes in psychoanalytic ideology of recent years. All of these changes are manifestations of the coming of age of psychoanalysis. All fundamental and new scientific discoveries require an emotional adjustment to the new knowledge. Before such an adjustment is accomplished the new knowledge appears to be a new *Weltanschauung* challenging the old. Only gradually

did the emotional reaction to Copernicus' new cosmology (to which Giordano Bruno gave such a magnificent expression in the form of a new *Weltanschauung*) subside and become replaced by a more precise mathematical study of the celestial bodies; similarly Darwinism gradually gave place to experimental genetics. In the same way the heroic period of psychoanalysis, in which it was said to 'disturb the sleep of humanity', belongs to the past. The cultural mission of psychoanalysis to force man to face his own nature objectively has been accomplished. It can now leave the arena of public interest where these philosophical issues regarding human nature are fought out and retire to the peaceful and unemotional realm of scientific research.

Yet much of the traditional attitude of psychoanalysts still bears the earmarks of our romantic and heroic past. One still encounters especially among older analysts the stubborn martyr attitude of the fanatic, the insistence upon the specific nature of the psychoanalyst as distinct from all other scientists, an antagonistic attitude toward medicine which is a historical remnant of the initial feud between Freud and the Viennese medical group. In fact these antiquated ideological attitudes in psychoanalysis can best be understood in the terms of Freud's earliest descriptions of a neurotic symptom. Like the neurotic symptoms these attitudes also once had a meaning and were natural reactions to previous situations. Although at present they are out of place and have little or no relation to the current situation, they still persist as souvenirs of the emotional struggles of the past. It is most important that psychoanalysts adjust their emotional attitudes to the changes which time has wrought in their own environment. They should lose the defensive attitude of a minority group, the militant soldiers of a *Weltanschauung* attacked by and therefore antagonistic to the world. Rather than disseminators of a gospel they must become self-critical scientists. For psychoanalysis as a whole, this leads to the simple but unavoidable conclusion that the sooner psychoanalysis as a 'movement' disappears, the better. Psychoanalysis today has no more

reason to represent a movement than has scientific genetics or ophthalmology. It is to be hoped that the expression, 'psychoanalytic movement', will soon sound to us as strange as would 'ophthalmological movement'. In so far as psychoanalysis consists of the study of the functioning of the mind, it is a part of and a method in general psychology; in so far as it is a therapy it is an integral part of the larger body of medicine.

For all of these developments the American soil proves to be much more suitable than was the European. Not only geographically but psychologically as well we are far from the emotional attitudes which led to the feud between psychoanalysis and medicine. The issues in the early development of psychoanalysis which created these traditional attitudes continued to exist in Europe but have had much less significance in this country; moreover the development of psychoanalysis in America took place after the older emotional controversies had subsided and the fundamental discoveries of psychoanalysis had become a common possession of clinical psychiatry. Finally the tolerant and critical intellectual atmosphere in this country, its political and social traditions, are most conducive to the development of every investigative science. The upswing of psychoanalytic research is only one manifestation of the intensive general scientific life in America which is rapidly taking the lead in this field as well as in others.

However it would be unworthy of any scientist to look back with derision on earlier phases of knowledge. The pioneering period in psychoanalysis, one in which a genius had to militate alone against the prejudices of the whole world, was the really creative and the most productive period. When we try to emancipate ourselves from those emotional attitudes which were necessary and natural reactions in those earlier days but are out of place and quixotic today, we should not overlook the fact that our present scientific contributions consist mainly of more precise reformulations, careful applications and critical reevaluations of fundamental principles discovered by Freud in that romantic period upon which some of us might be tempted to look back with a patronizing smile.

As in social and political history, so with developments in the field of knowledge and thought, one follows general dynamic principles of thesis, antithesis, and synthesis. Social development is most sound and constructive however when any period is not the polar antithesis of the preceding one. Evolutionary development, because it does not destroy but takes into account the valuable contributions of the past, is superior to revolutionary development. The best example is England, which probably to a large degree owed its world supremacy in the last century to the fact that the transition from a feudal to an industrial civilization took place not by violent and destructive civil war but by a more smooth evolutionary process. When antithesis follows thesis as an uncompromising reaction formation it usually means not an improvement on the defects of the previous period but only an exchange of the old defects for new antithetical defects. This should be a warning to us that any present reaction against the early romantic phases of our history should not become a similar neurotic reaction formation. Let us not allow our more critical attitude towards the theoretical superstructure of analysis, our demand for more precise, more quantitative knowledge, for more exact experimental evidence—let us not allow these to deteriorate into a one-sided emphasis upon sterile, thoughtless description as a contrast to theory, or into phobic aversion against thinking, misjudging and defaming every deduction as speculation. In our fervor to improve the status of our knowledge let us not under the slogan of 'observation versus theory' declare a general war against past accomplishments. In the field of teaching let us not allow the great progress made by replacing the disorganized, primitive form of apprenticeship with well-organized and uniform training in psychoanalytic institutes to deteriorate into routine, bureaucratic, spiritless mass production of practitioners. Our institutes should be small but high grade universities of psychoanalysis in which candidates receive instruction both in practical clinical and in theoretical subjects with a well-balanced biological and sociological orientation, and not merely professional schools

with a one-sided emphasis on practical technical instruction, professional schools where—as a cynical observer once said—students learn only how to hold on to their analytic patients.

The city of Chicago is a most appropriate place for the utterance of such a warning because there, Mr. Hutchins, President of the University of Chicago, has for years been engaged in a struggle to save the universities from deteriorating into mere professional schools, to preserve them for their original purpose as places where students receive a broad scientific and cultural orientation rather than restricted routinized professional training.

No other professional man is more in need of a general cultural background and a well-balanced biological and sociological orientation than a psychoanalyst. Our instruction must remain free from a rigid inflexible spirit of routine that insists formally upon a prescribed curriculum and upon a one-sided technical training. Psychoanalysis is a young discipline in a state of flux and transformation. Our institutes accordingly must remain correspondingly flexible, open to innovations, and must abstain from a prematurely rigid, standardized and bureaucratic over-organization. We psychoanalysts are obliged by our knowledge of what distinguishes neurotic from healthy development to avoid the pitfalls of over-compensation or in less technical terms, the dangers of extremes. In emancipating ourselves from the romantic and militant attitude of the past, we should not try to replace the intense urge for a synthetic theoretical grasp of the problems of the personality by the opposite extreme of sterile dissection and an aversion to assumptions and theories without which no science can progress. And in teaching we should not try to over-compensate for the former too personal and disorganized teaching with over-organized and over-standardized mass production.

Nobody knows better than we students of the development of personality that the past cannot be destroyed but should serve as a foundation upon which to build.

FOLIE A DEUX

BY HELENE DEUTSCH (BOSTON)

We understand by *'folie à deux'*, in the strictest sense of the term, the transference of delusional ideas from a person psychically ill to another person psychically healthy, who then accepts the delusional system of the ill person and assimilates it into the content of his own consciousness. It is not yet completely clear to us what enters into the psychological genesis of the induction, in addition to dispositional factors, close companionship, and all the other factors through which *folie à deux* is known to arise. The deeper psychological mechanisms which result in the psychic dependence on and identification with the primarily diseased person must still be subjected to analysis in every case.

In addition to the individual adoption of the psychic contents by one person from another, we also find the process as a mass phenomenon, where entire groups of psychically healthy people are carried away by psychically diseased members of the group: world reformers and paranoiacs, for example. Indeed, great national and religious movements of history and social revolutions have had, in addition to their reality motives, psychological determinants which come very close to the pathological processes of *folie à deux*.

In this presentation, I have limited myself exclusively to clinical observations and have chosen from among a number of cases, a few in which I shall make a special attempt to clarify the differences between hysterical and psychotic forms of *folie à deux*.

I

Many years ago, while associated with the Viennese Psychiatric Clinic, I published a summary of a number of cases

of *folie à deux*,[1] and I shall take from this publication one case which affected a group of three members of the same family:

In 1918 there was admitted to the Psychiatric Clinic in Vienna a family, consisting of a mother, a daughter, and a son, all suffering from the same symptom-complex. The husband, father of the children, had gone to the front in 1915. Since 1916 there had been no news of him. According to a notification, not completely verified, he had been killed. The uncertainty and the anxiety about the fate of her husband, to whom she was very devoted, had aroused great turmoil and severe depression in the wife. These reactions were also manifested by her two children, with whom she had a particularly tender relationship.

For several months the woman had declared obstinately that her husband was alive and would soon come home. He had, she said, a position in the Swedish Consulate from which she received frequent written communications; moreover, an aristocratic rich family was taking care of her, was preparing a villa for her, and would buy her a car. She had connections with all the state authorities through this family, was plentifully supplied with food, and was about to move into a very elegant apartment prepared for her by the wealthy family in their own house. Her husband was to enjoy all this wealth after his return. A son of the wealthy family was to marry her daughter; a glorious future spread before her own son. The patient's two children shared in every detail their mother's delusions. Her relatives recognized these assertions as delusional, and had the three persons brought to the Clinic.

Here was an exceptionally vivid pseudologia phantastica in triplicate, the elaboration of a *folie à trois* in which each could gratify his own wishes. As soon as one member of the family was ready to correct an error, another introduced his ideas, and perpetuated a cycle. During the treatment of all three I observed that if I succeeded in correcting the ideas of one patient,

[1] Deutsch, Helene: *Kasuistik zum 'induzierten Irresein'*. Wiener klinische Wochenschrift, 1918.

he or she very soon tended to allow himself to be deluded again, but only in certain directions. The son, for example, abandoned the fantasy of a rich marriage for his sister, but not the fantasy in which he was to attain the 'great position' of his father. The same was true of the others who shared the delusion.

II

A seventeen-year-old girl came for psychoanalytic treatment with a diagnosis of incipient schizophrenia. Her father said that the girl had always been peculiar, preoccupied, and unsociable. Her mother had died when the child was ten years old. He had then, without assistance, assumed the task of her upbringing, and was very seldom separated from her. In the course of the last year he had made the acquaintance of a young woman and had revealed to his daughter his intention of marrying. The daughter had welcomed this proposal with great pleasure and had become very much attached to her future stepmother. After the marriage had taken place, the girl began to withdraw more and more from reality and to show changes in her personality. She sat motionless for hours at a time, laughed frequently without ascribable cause, lost contact with other people, and often gave vent to violent outbursts of anger, especially against her father.

The preceding summer the family had spent their vacation in a small Tyrolean village, where they had had a summer house years before. This was the first time the father had gone there since the death of his wife. In the little village there had lived for many years a psychotic man, who asserted that he was the Archduke Rudolph, the former heir to the Austrian throne who had died tragically while still a young man. Among the villagers in Austria there arose from time to time the rumor that the Archduke Rudolph had not died and that he would one day come back. The delusion of the paranoiac was founded on this rumor.

The girl now began to abandon her muteness, allied herself with the mentally sick man, declared that she was completely

convinced he was the Archduke Rudolph, and that she would now devote her life to helping him establish his claims. No argument had any effect on her and the doctors consulted, advised that she be committed to an institution.

During a six-months' analysis I brought the patient to the point where she gave up the delusional idea, but I had, nevertheless, the impression that she was schizophrenic. Her father did not agree with this diagnosis, asserted that the patient was cured, and interrupted the treatment. I heard accidentally that the delusional idea did not reappear, but that the patient remained in a stuporous state.

We are interested here only in the psychological basis of her induced delusional idea. The analysis led directly to a 'romance of the family' [2] (*Familienroman*) that the patient had created during her childhood. In the Tyrolean village where she usually spent her vacations as a child, there was an ancient castle belonging to an aristocratic family. In her childhood the patient had created a fantasy, elaborated in the typical manner, that she was the daughter of this family. The analytic interpretation of such a 'family romance' is known to psychoanalysts and need not be discussed here in detail. It was a reaction to her infantile disappointment in her love for her father. On returning to this scene of her childhood some years later, desertion by her father, through his marriage, had become a cruel reality. The patient sought at first to find solace in her stepmother's love, but again disappointed, she

[2] The term 'family romance', as used by Freud, is the name for fantasies of different and manifold content, that are related to one another by their invariable connection with the descent of the person imagining them. The commonest content of the 'family romance' is: 'I am not my parents' child'; sometimes, 'not my father's (or mother's) child'. This negative statement is then followed by a positive one, in answer to the question: 'Whose child am I, then?' There are two typical, repeatedly recurring versions. The commoner is: 'I am of higher birth.' The other: 'I am of lower birth', is rarer.

The 'family romance' is an extremely common fantasy, and scarcely a single child does not experience it in one form or another. The motives for such fantasies are many and various. The provocation is always a disappointment, and the fantasy serves to compensate the child for deprivations it has suffered. *Cf.* Freud: *Familienroman der Neurotiker,* Ges. Schr., Vol. XII. Deutsch, Helene: *Ueber den Familienroman,* Int. Ztschr. f. Psa., XVI.

withdrew entirely into introversion and was already in a completely autistic state when she came to the summer place. The memories associated with the place revived the old fantasy of the 'family romance'. The earlier fantasy of childhood had been warm with object-relationships, although in an introverted form. Later, this fantasy had also perished in the *Weltuntergang* of her emotional life. Under the circumstances, and in the familiar setting, traces of the childhood fantasy were repetitively revived, but now in a psychotic manner. What had formerly been fantasy and had perished, was now rebuilt in the outer world as a delusion. The mechanism was not the suggestive influence exerted by the mentally sick man, nor an identification with him. The identification related merely to the delusional creation and lay in the fact that the content of his delusion was so close to her original fantasy. The analytic interpretation of the adopted delusion reads 'If it is true, that one can be the disowned child of high-born parents and have a justifiable claim to a throne, then it is also true that I am unjustly disowned and have a right to the old castle of my former day-dreams'.

This case shows a particular mechanism of the induction of a delusional idea which is completely independent of the inducing object, and has as a foundation an already existing psychic situation.

III

The third case is a *folie à deux* between a mother and daughter. There was no psychoanalytic treatment in this case. The material is taken from a case history in this country which was kept over a period of twelve years by a very conscientious social worker. This social worker was a particularly clever, intuitive, warm-hearted person, fortunately untouched by any knowledge of psychoanalysis or psychological terminology. This lack of knowledge makes the case history especially objective and valuable.

The social worker took charge of the child when she was ten, after the death of the child's father in an accident. The

mother obviously had paranoia, but dissimulated so cleverly that she was never institutionalized. Since she took excellent care of the child, there was never any necessity during the twelve years for separating the mother from her daughter.

The mother's delusion was that enemies wanted to separate her from her daughter; she had to save the child from danger and return to the home of her own childhood, to her mother in Holland. Her entire life was built around this plan to return to Holland with her daughter. Enemies prevented her from accomplishing this, the scheme of her enemies being worked out in a typically paranoid way. She gave lack of money as the reason for the postponement of her trip. Whenever she did collect the necessary amount, she made the excuse that she could not leave until she had made some arrangements about her husband's grave and provided for its future care. She obviously had an additional delusion which did not permit her to leave America—that is to say, her husband.

She lived in perpetual worry that people, men and women, would take her child away and prevent her daughter from going with her to Holland. *De facto* this meant: destroy the erotic bond between her and her daughter. The two-fold course of her homosexuality is interesting. The enemies were women, above all, social workers. The actual danger to the daughter, however, lay in men. Her chief anxiety centered upon a married man with many children, with whom her daughter was having a love affair. But it was his *mother* who was using the love affair to take her daughter away from her. The daughter had had in fact a love affair with this man but she soon broke the relationship for the sake of her mother and morality.

The daughter might be seen at times—especially after a quarrel with her mother—in a half-dazed condition, introverted, wandering around the streets of the city, searching for the married, tabooed man. She always returned to her mother in deep remorse, to resume the delusional plan for the journey and to try everything to make their departure possible, but also to prevent it, following the pattern of her mother's de-

lusional idea. Finally she became engaged to a younger man, but put off her marriage for four years because she could not bring herself to frustrate by her marriage her mother's delusional obsession. At times she gave the impression that she was only making concessions to her mother's delusion under the pressure of a severe feeling of guilt towards her. Again she would accept her mother's delusion as reality—especially after any particularly strong impulse towards freeing herself from her mother.

The case history showed that the mother had left her husband in America when the child was two, and had lived in Holland with the child for four years. Obviously, she had the wish even then to separate the child from its father in order to possess it completely—probably as a repetition of an earlier bond with her own mother. One observes that she returned to her husband, and that after his death she elaborated an ambivalent conflict in a delusional manner, gave her homosexual bond with her daughter the *content* of a persecutory delusion, and then, in an endless split, sought to separate the child from its dead father, represented specifically in this case by his grave in America and by the married man with whom the daughter was in love.

I am acquainted with the mother only from the case history. The daughter I know personally. She told me that she spent her childhood very happily with her mother in Holland. She could not remember whether she ever thought about her father, but recollected well that when she came to America as a six-year-old girl, she was the first to recognize him at the dock, 'as if he had always been with me'.

She had often seen her mother vex her father with her notions. He frequently took up his hat to leave, and the patient was afraid that he would desert her mother, but he remained with her, 'just as I do now'. This identification with her father in relation to her mother was expressed by her at other times. Particularly clear was her assertion that she knew, if she left the man to whom she was engaged and went away with her mother, that she would always sit and fantasy

how lovely it would be to go to him, to have his child. She already had the feeling that she preferred fantasy to reality. 'I must not reproach myself with having deserted my mother.'

There is a certain similarity between the psychological processes in this case and the one preceding it, namely: the delusional creation of the mother and the fantasy life of the daughter go in the same direction. In this case, however, over a period of twelve years, the mother did not succeed in drawing her daughter completely into the sphere of her delusion. The daughter's object-relationships were not destroyed, as they were in the preceding case. On the one hand, the sublimation of her positive homosexual strivings through her relationship with the social worker, on the other, a continual attempt to realize a heterosexual relationship, saved her from the psychotic induction. What still bound her to her mother, however, and did not permit her any release from the influence of her mother's delusion, was the fact that her mother's delusion and her own repressed fantasy life, her hysteria, had a similar content. The fact that the mother's delusion corresponded to the œdipus fantasies of the girl resulted in a morbid bond, with the danger that in time, because of the girl's neurotic dependence, a psychotic *folie à deux* might arise.

IV

Two sisters attracted psychiatric attention after an attempt at double suicide by gas. The elder died soon afterwards; the younger, who lived, was able to undergo a thorough psychoanalytic exploration.

The two sisters lived together after the death of their parents. The elder by fifteen years took the place of a mother with the younger; both were tenderly devoted to one another. The elder was always 'peculiar', unsociable, suspicious, seclusive. For financial reasons the younger had to take a position as housekeeper for a widower in another city and she married her employer. She was 'contented' in her marriage and had two children but never felt any real warmth of emotion

for her husband or the children. Her connection with her sister was strikingly loose; she did not visit her for years and wrote her seldom.

It was only when she received news of her sister's severe illness that she decided to visit her. She asserted that as she was on the staircase to her sister's home, she heard voices calling: 'There comes the second one.' 'Now they will sleep together again.' 'She will help her.' She thought to herself, 'My poor sister, how she must suffer here!' When her sister related to her her old persecutory system, the younger sister never doubted its truth for a moment. They spent a couple of miserable weeks together and then decided to die together.

It is possible that the assertion of the rescued sister that she had perceived the persecutions *first,* before she saw her sister, was a falsification of memory and that the process of projection took place only after it was induced by the elder. This seems to me to make very little difference.

She had come to her sister's home full of timid feelings of anxious tension. The old homosexual, very ambivalent bond to her sister expressed itself in these feelings. It is possible that the hate, which she attempted to discharge on the staircase, was already projected at this point, like the fear of homosexuality, which betrayed itself in the content of the 'voices'. It is probable, however, that only later did she take over from her sister the paranoid process which she could use well in the service of her own defense.

The epilogue—joint suicide—confirms our suspicion as to the genesis of 'induced madness'. Since the hate they felt for one another could not be absorbed by projection into the persecutors outside themselves, they murdered one another under the guise of committing joint suicide.

Such paranoid pairs of siblings of the same sex are the most frequently encountered phenomena in *folie à deux.* As etiology, one thinks of constitutional predisposition in two individuals, separated from the rest of the world, living closely together, in which the more active infects the more passive with his ideas.

I believe, on the contrary, that this close living together, apart from others, is from the beginning *expression* of those unconscious bonds which later bring *both* parties to similar delusional ideas. That the one who is more active in the delusion eventually imposes it on the other is probable.

In these cases we have described various forms of *folie à deux;* in the first case, a common pseudologia phantastica in the sense of joint, conscious and unconscious wish fulfilment in three members of a family. The basis of the shared illness was the libidinal relationship of the three persons to one another and their joint reaction to the loss of a person to whom all three stood in an affect-relationship. In the second case, we saw a schizophrenic process of identification, free from any object-relationship to the inducing object. It was possible, however, to discover behind the delusional idea the remnants of old libidinal bonds. In the third case there was a parallel process between the delusional ideas of one psychotic person and the fantasy life of a neurotic person, and we found in this identity the link to the induction. In the fourth case we have a true paranoid *folie à deux,* in which the psychotic distortion of reality of two individuals did not arise from one sister's influencing the other, but from the fact that both already possessed in common, repressed psychic contents which broke out earlier in one and later in the other.

A little theoretical discussion of these clinical observations still remains. I do not want to enter into a discussion of the problem of projection and the meaning of delusional ideas as a 'process of restitution' in Freud's sense.[3] I want only, in connection with the problem of *folie à deux,* to indicate the presence of a deeper psychological process, which certainly functions in *folie à deux* in psychotic form.

The tendency to consider an inner psychic process as per-

[3] Freud: *Der Realitätsverlust bei Neurose und Psychose.* Ges. Schr., Vol. VI.

ception operates regularly within us. A typical example of this in normal life is the dream. During the process of dreaming the happenings of the dream have the character of perceptions, and often retain this character, without modification, for a time after awakening.

It is a complicated developmental process, to be able to distinguish inner content from perception. The simplest criterion is: perception is that which others accept as perception. A contact with the surrounding world is indispensable in applying this criterion. A psychotic individual has not only given up the differentiation of the inner world from the world of reality, but he has given up the need for confirmation from the latter by destroying the bridge between himself and other objects. The ego then takes its delusion for reality and professes it as truth.

It can also happen, however, that a slight adaptation to reality prevents the outbreak of the delusion. In this process the ego only gradually frees itself from the cathexes, and makes a boundary autistically between itself and the surrounding world, without the ability to achieve the psychotic 'restitution process' in the delusional creation. In this case, however, an affirmative gesture from the surrounding world, a confirmation, an encouragement, is enough to induce the development of the delusion. What then appears to us as suggestion or induction is only the making active of an inner content already there, an encouragement to a projection already latent.

Freud considers the delusional ideas of the psychically ill person a 'rebuilding of the vanished object world'.[4] I believe that induction plays an important role in this process. In *folie à deux* in psychotics, the *common delusion appears to be an important part of an attempt to rescue the object* through identification with it, or its delusional system. This was shown particularly clearly in the example of the two paranoid sisters.

I am not attempting here to explain the difference between hysterical suggestion and schizophrenic induction. Common to

[4] Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia.* Ges. Schr., Vol. VIII.

both, however, is: first, that neither in suggestion nor in induction is anything adopted by the subject which is alien to his ego; and second, that the person affected by the suggestion, as well as the person affected by the induction, attempts through identification to come closer to the object, or to find again a lost object. The phenomena of *folie à deux* described above can also be found in a psychic state so universally human that its character of 'normality' cannot be denied 'being in love'. I shall leave this problem to a paper devoted to it alone.

In conclusion, I should like to return to the starting point of my remarks: that processes such as we have seen here in individuals can also affect large groups of men, entire nations and generations. We must, however, distinguish here as with individuals between hysterical, libidinally determined mass influences, and schizophrenic ideas held in common; likewise between mass liberations of instincts under the guise of ideals, and paranoid projections, etc. Many things have their place in these *folies en masse* and the approval or disapproval of the surrounding world is often the sole criterion as to whether a particular action is deemed a heroic deed or an act of madness.

AKINESIA AFTER VENTRICULOGRAPHY

A CONTRIBUTION TO EGO PSYCHOLOGY AND THE PROBLEM OF SLEEP

BY MARTIN GROTJAHN (CHICAGO) *and* THOMAS M. FRENCH (CHICAGO)

In seven of eighty-nine patients upon whom ventriculographies were performed, a state of peculiar and complete akinesia was observed. These observations were made at the Neurological and Psychiatric Clinic of the University of Berlin. The akinesia occurred in a direct causal and temporal relationship with the ventriculography during which from 140 to 210 c.c. of fluid were withdrawn and replaced by air. All seven patients suffered from brain tumors localized in the region around the third ventricle, near the Aqueduct of Sylvius, the splenium septi pellucidi, or in the corpora quadrigemina and especially in the suprasellar region.

The similarity of the patients in age, development and psychological behavior before the onset of the illness, their hypothalamic adiposity, the neurological and x-ray findings and the later progress of the illness, corresponded with the similarity in the clinical reaction to the ventriculography. The patients lay in bed as though they were sleeping with open eyes. They did not move spontaneously and in most cases there was atonia of high degree in all extremities. The patients stopped not only all voluntary movements but also automatic movements. They seldom moved their eyelids and sometimes they did not move at all for approximately a week. Reactive movements, especially the blinking reflexes, were not obtainable.

In one, there was a temporary disappearance of athetoid movements. It was astonishing to observe a patient who for

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some days had been without any spontaneity of automatic or voluntary movements (described in the record as immobile, 'like a corpse' or 'a piece of wood') unexpectedly begin to brush flies from his face or pick his nose, only to resume his akinesia. In another patient the akinesia was interrupted by a surprising and short hyperkinesia manifested by singing loudly without other movement. Every night (without any affect) he sang common children's songs very monotonously. Similar sudden interruptions were seen in patients who felt forced to motor activity without volition. One of the completely akinetic patients for instance answered the telephone with a short 'hello' after the receiver was put to his ear, and then fell back into his akinesia. The complete discontinuation of movement lasted for weeks and months and during this time the patients stared straight into space with only half-open eyes. The spontaneous movements of the eyes were the first to reappear. Then the patients began to follow actions in their surroundings with their eyes but without expression of interest. They still had to be fed by the nurse as they were unable to feed themselves. When bread or a glass was placed in their hands they would hold it, but they did nothing with it. After a long time they swallowed food placed in their mouths if they were asked to do so.

There was no loss of consciousness. There was no disorientation as to person, time, or place. Recent and remote memory were intact. The akinesia could be interrupted and it is of great interest that it was possible to establish some contact with the patient. With persistence and patience the patient's lack of initiative could be overcome for a short time. They were usually able to answer commands very slowly, in apparently difficult and forced monosyllables. According to information given by one patient following recovery from akinesia, his conscious and perceptive faculties were not changed during the akinesia. Another patient could give information about the daily occurrences on the ward; she could describe examinations and conversations, report the doctors' questions and her own answers; all her statements

confirmed the fact that she was well oriented. There was no insight into the changed motor behavior and the patients had no feeling regarding their difficulties and their 'slowing down'. But behind this unawareness of their own akinesia, the knowledge of the nature of the underlying illness, namely the brain tumor or the brain disease, remained unchanged. One patient remarked 'A new head is what I need badly'. The face was without expressive movements. There was not even a mask or rigid face, but more the expression of a person peacefully sleeping with open eyes. They appeared to be bored, but this impression was more the observer's reflection than the result of observation; the patients denied having such feeling. They did not cry or complain and they denied headaches and other pain. Subsequent to the akinesia they often stated that they were not depressed, but on the contrary were rather happy and their remarks during the akinesia permit the conclusion that they were in a somewhat happy, contented emotional state, although they certainly did not like to be questioned or otherwise disturbed in their rest. They did not object if something happened or if somebody read a book or newspaper aloud before them, but they did not show any interest even though later they could relate the subject matter. It was apparently easier and more convenient for them to follow the reader than to divert their attention. The akinetic behavior of these patients remained unchanged during visits from parents and friends and even expensive and carefully selected presents did not move them. They remained without motion and emotion.

They usually slept well during the night; some patients rested part of the night with open eyes, apparently not sleeping. They did not feel tired, but slept often because the psychological field did not offer any stimuli. They went to sleep easily and frequently during the day, but they awoke spontaneously. The phenomenological difference between being asleep and being awake was only the difference in the position of the eyes. The vegetative functions continued without change. Temperature and pulse were within normal

limits. The blood pressure was in the lower normal range. There was no constipation. Defæcation and urination occurred spontaneously, but it was not known whether or not they occurred voluntarily. The patients did not inhibit this automatic process. It was one of the most astonishing observations that all akinetic patients (well-trained children as well as adults) became incontinent during the akinesia. They urinated and defæcated in bed without notifying the nurse and without apparent embarrassment. Some patients admitted that they had a sensation of wanting to defæcate and yet they were surprised when the bowel movement occurred. In their lack of initiative and their listless attitude they were concerned only with the present and had no expectations, no interest in the future and could not anticipate coming events.

In the further course of the akinesia the patients regained initiative and tried to clean themselves, but they always acted after it was too late. Only at the end of the akinesia did the patients gradually become able to prepare themselves for the future. From the akinetic life, which was entirely devoted to a motionless rest in the present moment without past or future, they changed to a higher level in which the present moment, as with the normal persons, is a connection between the past and the future.

The neurological and the x-ray findings after the ventriculography and one autopsy supported the opinion that the underlying pathological lesion producing the akinesia may be localized in the floor of the third ventricle. Very similar stages of akinesia are observed in encephalitic cases and the autopsies of these cases gave further proof of the localization of the underlying lesion in the anterior part of the floor of the third ventricle.

The akinesia of these seven patients showed more than a superficial similarity to sleep and justified speculation about the difference between mental sleep and physical or bodily sleep. There is, of course, only one sleep; namely, the sleep of the person and to see the sleep from two different points of

view does not necessarily mean to see the object double, but to see it more clearly.

Akinetic patients do not sleep mentally; that is, they do not have a dreamlike mental state as does a normal sleeping person. On the contrary they are easily differentiated from a sleeping or dreaming person since they have an intact ego with intact perception and reality-testing ability and the level of consciousness is not lowered. They are in a somewhat euphoric mood but their intellectual potentialities are not diminished. Their orientation is intact.

The main feature common to both the akinesia and sleep is the complete lack of initiative or will power. These patients showed the same passivity, the same indifference and similar lack of response to stimuli from the outer world, the same expressionless face, the quiet, motionless rest and the withdrawal of libidinal interest from reality, as does a person in sleep. The complete ignoring of the body by the akinetic person is also very significant and shows how little the bodily ego is cathected with libido.

In strict contrast to the awakening of the normal person, the akinetic person awakes only partially, that is, in the akinetic person the bodily ego feeling, not cathected during sleep, remains without cathexis, the person remaining without bodily ego feeling and without the ability to act.

Akinesia is seldom observed, but if there be such a thing as a difference between a total deep mental sleep and bodily sleep, then some experiences of a similar kind should be expected in the normal person also. The behavior of these seven patients reminds one, for instance, of the behavior of a person who takes a prolonged bath in the morning after a very good, quiet, long and deep sleep. Persons who have such a habit enjoy this rest with much pleasure and prolong the bath as long as possible. Their behavior is very much like that of the akinetic patient, for they are quiet, hypotonic and oblivious to time. They seem to think of nothing in particular but they do not dream and are well oriented. If the telephone rings or something similar occurs and requires

their response, they require a great deal of energy to change the original situation and to overcome their lack of initiative.

However, these observations and similar experiences with morphinated patients in the prolonged bath are not the only illustrations which show states between a total deep mental sleep and a partial motor bodily sleep. Neurotics with increased self-observation, or people who are interested in the study of the phenomena of falling asleep also occasionally observe that the body seems to sleep and cannot be moved, but that the mind is still more or less awake. Sometimes awakening offers similar subjective experiences. The cathexis of mental and bodily ego feeling is a combination of psychic and motor processes and under normal conditions the one process is accompanied by the other. When awakening, the eyes are opened, then the eyeballs move downward and become converged. Sometimes the process of the motor awakening may be experienced in a symbolic expression at the end of a dream. Such observations show the most important influence of the will in the stage between sleeping and being awake. The will appears in the dream as the connection between mental ego feeling and the beginning of physical bodily feeling.

The following dreams, illustrative of this point, were related during an analysis by a man twenty-seven years of age.

> Dream: There seems to be a session of the legislature. The meeting is just coming to an end and the members of parliament begin to leave the conference room. One member suddenly has an acute state of delirium. At first the dreamer's interest is 'awakened'. He tries to look into the man's pupils, and with the convergence and fixation of his eyes in the dream, he then awakes completely.
>
> Dream: Many flowers pass away before the dreamer's eyes. He tries to see the flowers more closely, tries to fixate them and awakens at the movement of convergence and fixation.

These observations show clearly the psychic and symbolic appearance of the motor phase in the process of awakening.

The ego had gained its full cathexis when the dreamer's interest was aroused and had cathected the bodily ego feeling by awakening entirely.

The observations described above offer opportunity for some reflections on the functions and structure of the ego. The most clearly defined function of the ego is the dynamic function of integration and synthesis of conflicting psychological tendencies. This integrating function has two aspects: first, a cognitive one to understand external and internal reality in order to find satisfactory compromises which will satisfy as many of the conflicting urges as possible; and second, a motor or volitional function to accept and act upon such satisfactory compromises when they are found. Indeed, it would be probably more accurate to say that the integrating function of the ego starts with cognition and proceeds by various intermediate stages to volition and voluntary activity.

The first of the two dreams just reported is of particular interest in this connection. Even without associations it is evident from the manifest content that this dream has to do with a conflict concerning the synthetic dynamic function that we ordinarily attribute to the ego. The function of a legislature is to deliberate and make decisions for the nation much as the ego in its intellectual capacity deliberates and makes decisions for the individual. The legislature would seem therefore to be a symbol of this dynamic synthetic function of the ego. In confirmation of this suggestion is the fact that just as the meeting is finishing, one member has 'an acute state of delirium' signifying that the attempt at a dynamic synthesis is failing. We next see that this threatened failure of synthesis stimulates the synthetic function to renewed activity, for the dreamer's interest is awakened and he looks into the man's eyes, and this time the synthetic effort coincides with his awakening from sleep.

The particular interest of this dream, however, lies in the fact that although the dream is obviously concerned with the synthetic dynamic function that we ordinarily attribute to the ego, nevertheless the dream ego does not acknowledge

this effort at synthesis as its own activity. The dream ego recognizes this effort at synthesis only in a projected form. The dreamer projects outside of himself his intra-psychic perception of the attempt at synthesis and portrays it in the dream as a session of a legislature. The motive for such a rejection of its own synthetic function must be that the dream ego does not wish to be driven, as a result of its 'deliberations', to a volitional act. The dreamer prefers to continue sleeping. It is only when the attempt at deliberation threatens to end in 'an acute state of delirium' that the dreamer is stimulated to a new effort at synthesis which this time the patient's ego is willing to recognize as its own; and this new synthetic effort coincides with the patient's awakening and is accompanied by an act of the will. The convergence and fixation of the eyes in the dream obviously corresponds to the active will of the patient to try to understand himself, to try to substitute clear insight for his 'delirium'.

Thus it would appear upon the evidence of this dream that the integrating function may be active without being recognized as an activity of the ego and may indeed be rejected by the central kernel of the ego and perceived intra-psychically only in a projected form.

In the akinesias that have just been described we seem to see a slightly different sort of dissociation between the cognitive and volitional aspects of the ego's synthetic function. The cognitive function is performed apparently well, but only passively; without participation of the will. The patients grasp only what can be grasped without effort. They make no effort to understand. This corresponds with the fact that the volitional aspect of the synthetic function is for the most part entirely absent. If exercised at all, it apparently has a very high threshhold before it can be aroused to activity. This is illustrated by the fact that the patients' lack of initiative could be overcome for a short time but only by virtue of persistence and patience upon the part of the physician.

Finally we may ask what happens to the libido of the akinetic patient? Apparently it is for the most part with-

drawn from the external world as in sleep and as in sleep concentrated perhaps upon the task of neutralizing the destructive processes associated with functional activity. In the akinetic patients it has of course also the additional task of combating the organic lesion.

Summary

Stages of peculiar and complete akinesia occurred in seven patients after the third ventricle had been filled with air. All seven patients had brain tumors localized around the third ventricle. The neurological findings were similar in all the cases and ventriculography revealed internal hydrocephalus of high degree in all of them. The third ventricle was always partially filled with air, the fourth ventricle was never filled. Immediately following the ventriculography, a manifest akinesia occurred. The akinetic patients did not move spontaneously; even the eyes were not moved and the winking reflexes were not obtainable. The patients could not eat unassisted and were incontinent of fæces and urine. Yet their consciousness was undisturbed; they were able to answer questions and could give information about their feelings, experiences and dreams.

Slight atrophy of the frontal lobes was present in all of the seven cases, but this damage alone was not responsible for the occurrence of the akinesia. The akinesia was different from the akinetic syndrome due to extra-pyramidal processes. The x-ray findings, the neurological symptoms, other pathological symptoms and the autopsy of one of the cases support the opinion that the underlying pathological process, which may be considered as being the cause of the akinesia, may be localized in the hypothalamic region. This localization is confirmed by neuropathological studies of encephalitic patients suffering from a similar kind of akinesia.

Akinetic patients have in common with *waking* persons clear consciousness and intact reality testing ability. Akinetic persons have in common with *sleeping* persons complete lack of initiative and will power, passive attitude and indifference,

lack of response to stimuli from the outer world, withdrawal of libidinal interest from reality and the external picture of quiet, emotionless and happy rest. The bodily ego feeling is absent, and the akinetic person has no knowledge of the lack of bodily ego feeling. Therefore, the akinesia is to be compared with a partial bodily sleep. The two different forms of awakening, mental and bodily, are sometimes observed separately under certain conditions even in normal persons.

These observations make clear the possibility of dissociations between the cognitive and volitional aspects of the ego's synthetic activity and should stimulate comparison with other forms of dissociation of the synthetic function of the ego as seen in dreams and in psychotic states. Of particular interest is the relation between such dissociations of the synthetic function and the processes of sleep and awakening.

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TELEPATHIC SENSITIVENESS AS A NEUROTIC SYMPTOM

BY LEON J. SAUL (CHICAGO)

An analysand interested in telepathy and laying claim to telepathic powers, has recently given me an opportunity to observe the psychological mechanisms upon which she bases her claim. These clinical observations substantiate those of Helene Deutsch,[1] who has published three instances of 'telepathy' in her patients and has explained them on the basis of unconscious perception heightened because of intensified identification. This identification may be partial, as the identity of strong unconscious emotional trends in the observer, with the same trends, conscious or unconscious in the observed; or it may be more complete, as the regressive identification of a girl with a lover who has rejected her. If the identity of the inner and outer perception is not consciously realized, but the inner perception is projected to the outer world, the experience attains the character of the 'occult'.[2] My analysand demonstrated these mechanisms with such clarity as to warrant publication of the main points of the material. Deutsch states that in her case she believes the perception was truly extrasensory. It is my opinion, however, that whereas an open mind must be kept about this possibility, the evidence for so revolutionary an observation must be much more convincing and much more widely checked than any so far presented.

Each individual uses his own sensory apparatus in his own special way, and is more perceptive of some things and less

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[1] Deutsch, Helene: *Okkulte Vorgänge während der Psychoanalyse.* Imago, XII, 1926, p. 418.

[2] *Ibid.*, p. 430.

of others, particularly when the phenomena are subtle psychological ones. There is therefore a risk of underestimating the acuity of perception of another person, especially when this acuity is sharpened by a neurotic or near psychotic tension. In such states persons can develop a heightened sensitivity in perceiving from the faintest clues, which one normally overlooks, emotional states in others which correspond to urgent needs of their own. The greatest caution must be exercised in reaching the negative conclusion that this perception, which would be unusual for the average person, is extrasensory. Some individuals in states of high emotional pitch become so tuned to their objects, that even when the object is at a distance, they can predict much about his or her psychological state, without benefit of telepathy. It may be said at the outset that despite conscientious attention I failed to be convinced of any true telepathic occurrences in the case reported below. Hollós,[3] Roheim,[4] and Burlingham [5] have reported evidence in favor of telepathic perception. Schilder has published a discussion of Hollós' paper.[6] Freud's [7] attitude is one of open minded scientific interest.

The analysand was an attractive girl with a college education and a well-to-do and cultured background which included practical people with no turn for the occult. She came to analysis because of a series of depressions, failure to make a sexual or marital adjustment, and feelings of tension with fear of a mental breakdown connected with extrasensory (she believed) hypersensitiveness to persons in her presence. Her mother had died before the patient was two

[3] Hollós, István: *Psychopathologie alltäglicher telepathischer Erscheinungen.* Imago, XIX, 1933, p. 529.

[4] Róheim, Géza: *Telepathy in a Dream.* This QUARTERLY, I, 1932, pp. 277–91.

[5] Burlingham, Dorothy: *Child Analysis and the Mother.* This QUARTERLY, Vol. IV, 1935, p. 69.

[6] Schilder, Paul: *Zur Psychopathologie alltäglicher telepathischer Erscheinungen.* Imago, XX, 1934, p. 219.

[7] Freud: *Bemerkungen zur Theorie und Praxis der Traumdeutung.* Ges. Schr. III, 305, and *New Introductory Lectures on Psychoanalysis.* New York: W. W. Norton and Company, Inc., 1933.

years old, leaving the patient with intense longings for a mother which were in large part transferred to the father whom the patient unconsciously reproached violently for neglecting her. She had reacted to the childhood situation created by her mother's death with a high degree of narcissism and with excessive demands on people, especially her father. Unconsciously she showed a strong orally colored sexual attachment to the father, and chronic hostility against him from jealousy. This hostility was near enough to the surface to be set off by the slightest injury to her narcissism, thwarting of her demands, or by jealousy. The ambivalence of this stormy relationship with the father was partly conscious though mostly unconscious. Transferred to other men, it so disturbed her relationships to them that she practically relinquished their society in favor of women, though underneath she longed for marriage. Thus the main mechanism was the one described by Freud [8]: she felt rejected by her father and reacted to this unconsciously by hostility to him, identification with him, and turning from him, and from all men, to women. Her narcissism served as a defense against feelings of inferiority and inadequacy which she felt towards independent, effective, sexually adjusted people.

Her two chief methods of defense were projection and identification. For example, failing to see her demands on the analyst, she dreamt of him as a robber, and in reality she accused him of making demands upon her. She denied her hostility to him but asserted that he and the analysis were attacking her, making her life miserable. When the patient began to develop a cold, she believed she detected signs of one in the analyst. Outside of the analysis, this mechanism was equally clear. It was not so much projection as hypersensitivity to that in others that she did not wish to see in herself. A further simple example of how her mind worked is afforded by a bit of the analysis. Once the analyst pointed out her unwillingness to spend time away from the

[8] Freud: *The Psychogenesis of a Case of Homosexuality in a Woman.* Coll. Papers, Vol. II, p. 202.

shelter of her home in a small town in order to go to a metropolis. She denied her emotional motives for clinging to her home and attributed her preference to superficial, external reasons but then immediately spoke most disparagingly of a boy who was so pampered by his family, that he refused to leave his home in a small town in order to attend a big university. The patient really had an uncanny faculty for selecting persons appropriate to her needs as well as just those weak spots in people which corresponded with her own, which she could point out in others and not see in herself; moreover, this overly keen intuition had a hostile coloring because of her unconscious resentments, and did not fail to reach the weakest and tenderest spots in those at whom she directed it. It served as an instrument of aggression, although not all of her telepathic experiences were of hostile nature. In connection with repressed hostilities the well known observation that most clairvoyant predictions of the future are of wars, floods, earthquakes, and other dire and destructive events is of interest, and certainly, as Freud has pointed out, such predictions tell a lot about the unconscious wishes of the predictor.

Her other characteristic mechanism was identification. This apparently had two major components. The one was the well-known mechanism of regressive identification with the love object, in this case primarily the father. She expressed it very frankly by the formula, 'If I can not have you, I want to be like you'. One of her earliest transference reactions was the wish to be an analyst. Her other mechanism of identification served as a defense against her masochism and dependence. She fought off these tendencies and reacted by wishing to reverse the situation, to be in an independent position, to be a man, to be the analyst. This is the mechanism of 'identification with the aggressor'.[9] For example, the day after an interpretation made by the analyst she would bring a dream in which she was the analyst and was treating

[9] Freud, Anna: *The Ego and the Mechanisms of Defence.* London: The Hogarth Press, 1937.

a naughty little boy. This strong tendency to identification further intensified the hypersensitiveness from projection.

From this point on, the process was apparently a simple quantitative one. From being sensitive to the emotional states of others, she became hypersensitive. As her own emotional reactions to people became of neurotic intensity, the hypersensitiveness increased to the point of disturbing her social relationships. She could sense situations and psychological states of others so unerringly that she began to believe that she possessed telepathic powers. She was not overcritical of this conclusion since it afforded her a great narcissistic satisfaction and since it was becoming a major defense measure. As the need for it increased, she became more and more convinced of the validity of telepathic phenomena although she never gave the subject any systematic or objective study. She soon extended this belief until she began to be convinced that she was truly telepathic, that she was capable of extrasensory perceptions which took place regardless of distance. She always denied that the mind reading, even with the persons present, had any basis in sensory perception, that is, that she got any clues whatever from the manner or appearance of the persons concerned, but insisted upon its extrasensory nature. (The author considers this an underestimation of the keenness of sensory perception when it is heightened by emotional needs.)

She came to the analysis with the fear of a mental breakdown, connected, she complained, with the strain of her compulsive hypersensitive 'extrasensory' perception of the thoughts of people she met. Thus, far from enjoying her supposed powers, she wished to be cured of them since she felt that they threatened her sanity, and that they were themselves symptoms of her tense and anxious mental condition. She never relinquished her sense of reality, but admitted although most reluctantly, that the telepathic phenomena might possibly be explicable on other grounds. As her emotional condition improved, her convictions regarding both telepathy and her own telepathic sensitivity, waned markedly—a fact

of considerable significance. The relationship of this symptom to similar symptoms in the psychoses is merely mentioned here.

Two simple examples will illustrate the type of telepathic experience reported by this patient. She developed a very strong attachment to an eligible man, and then learned of his engagement to another girl. She had been quite unconscious of the intensity of her wishes for the man and consciously denied more than superficial feelings of disappointment. From the analysis, however, it was obvious that he had unwittingly aroused intense expectations in her, and that she was repressing severe disappointment and feelings of marked depression. At this point she met some people socially. One of them was a man. The patient instantly sensed that under this man's smooth exterior he was hiding a severe depression from thwarted expectations in love. She denied that her knowledge was due to a perception of anything in the man's expression or manner but attributed it entirely to her telepathic sensitiveness. She was thus hypersensitive to that in the other person which she repressed in herself, or else she simply attributed it to him.

An example of telepathic perception at a distance is afforded by a dream. The patient had had a slight difference with a friend, a girl, and had written her a letter which she hoped would smooth out the relationship. The night the letter was due to reach the girl, the patient dreamed that the girl entered the patient's room and embraced her. The dream clearly expressed the patient's wish for the affection of the friend, and had a similar transference meaning. But the patient denied this, saying that the dream was a telepathic perception of the affectionate response of the friend to her letter. She thus used telepathy as a defense by claiming that what she saw was something not in herself but in another person, in her friend. The patient claimed that dreams of this type came to her frequently, and when checked proved to correspond with the actual reactions of the other person at the time. But she never demonstrated this during the analysis.

Discussion

The observations herein presented obviously relate only to the unconscious psychological elements of the patient's hypersensitivity and of her belief in her telepathic powers. At no time, was I able to observe any convincing example of her powers. The possibility that such exist in her is not precluded, only none of her material made possible an adequate examination of the objective validity of such phenomena.

The prominence of this girl's narcissism and of her marked ambivalence to her father makes a striking parallel with the psychic life of primitive man as described by Freud.[10] It should not prejudice one for or against the existence of telepathy but should make one cautious, to note that these occult phenomena so closely related to narcissism and omnipotence of thought, are most marked among the primitive and backward races who discover in the outer world their own projections; [11] moreover our own unconscious wishes to believe them must make us doubly cautious in evaluating claims. On the other hand, one possibility among others is that perceptions once operative, have been lost or overlaid due to domestication and the development of the intellect [12] along with other animal powers such as the sense of smell.[13]

Summary

The telepathic powers claimed by an analysand were seen in analysis to be based upon an extension, in the interests of narcissism and ego defense, of a hypersensitiveness to the emotional states of others. This hypersensitiveness was due to a tendency to projection and identification, and was complained of by the patient as a neurotic symptom. The existence of true telepathic powers was not convincingly demonstrated by the material.

[10] Freud: *Totem and Taboo.* New York: Dodd, Mead & Co., Inc., 1918.
[11] Deutsch, Helene: *loc. cit.*
[12] Alexander, Franz: Private communication.
[13] Freud: *New Introductory Lectures on Psychoanalysis, loc. cit.*

INCIDENTAL OBSERVATIONS ON PRURITIS ANI

BY LEON J. SAUL (CHICAGO)

During his analysis a young man complained of occasional attacks of pruritis ani. As the analysis progressed it became evident that the pruritis developed regularly upon occasions when he would be taken out, for example to dinner, by older men who were personally interested in him. The analytic material showed clearly that passive anal homosexual wishes were aroused by these situations. They appeared frankly in the material and the patient gave a history of having indulged in homosexual practices in childhood with attempts at both the active and passive rôles. After adolescence he had a single passive homosexual experience and had an orgasm at the instant at which his anus was penetrated. He occasionally indulged in anal masturbation and stated that he often used the pruritis merely as an excuse for this indulgence. The regular occurrence of pruritis when his passive anal homosexuality was aroused, as well as the analytic material, left no doubt as to the connection. It is of interest that the pruritis was often relieved following a satisfactory defæcation.

Dr. Thomas M. French has told me of a woman patient of his in which the connection between pruritis ani and passive wishes was equally clear. The itching provoked insertion of the finger into the rectum and violent rubbing manipulation, which constituted an unrecognized form of anal masturbation. Her pruritis disappeared as satisfactory genital erotism developed.

It is by no means concluded that passive anal homosexual wishes are regularly connected with pruritis ani but in these cases they were clearly of etiological importance. In other cases, other causative factors are more prominent, for example

local irritation caused by fine fæcal particles in the anal folds, a condition which can be cured by cleaning and salves.[1]

There is apparently very little in the psychoanalytic literature on pruritis ani although itching in general has been discussed, for example by Abraham.[2] Ferenczi mentions pruritis ani in his Psychoanalysis of Sexual Habits.[3] Schilder mentions it in his Remarks on the Psycho-Physiology of Skin.[4]

[1] Lilienthal, Howard: *Pruritis Ani: A Simple and Efficient Treatment.* J.A.M.A., CX, 1938, p. 509.

[2] Abraham, Karl: *Selected Papers.* London: Hogarth Press, 1927, p. 245.

[3] Ferenczi, Sandor: *Psychoanalysis of Sexual Habits.* Int. J. Psa., VI, 1925, p. 381.

[4] Schilder, Paul: *Psycho-Physiology of Skin.* Psa. Rev. XXIII, 1936, p. 277.

THE INCIDENCE AND CHARACTER OF MASTURBATION THREATS IN A GROUP OF PROBLEM CHILDREN

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The great volume of scientific literature on the subject of masturbation is evidence of man's repeated endeavor to solve the problems related to this particular means of genital excitation. Most of the earlier writings were concerned with such questions as the incidence of masturbation with respect to age, sex, and culture, the methods by which masturbation is practiced, whether it is normal or perverse, the harmful physical, mental, and moral consequences of the habit, and finally its treatment.

Since the time when Freud began making his profound contributions to our understanding of emotional problems, however, there has been a change in emphasis in the literature on masturbation. Students in this field have begun to show an increasing interest in such phases of the problem as what masturbation means to the individual in terms of his attitude toward it, the social and psychological factors influencing those attitudes, and the relation of his feeling about masturbation to such fundamentally important emotions as guilt, fear and anxiety. Discerning students also have begun to consider the bearing which the latter unhealthy emotions have upon repression and upon the indivdiual's feelings later in life regarding his genitals and genital functioning.

Today it is generally agreed that conflict over masturbation is a fertile source of emotional trouble. It is the belief of most psychiatrists that when a child masturbates, his parents or those functioning as parent substitutes usually threaten him in some way in an effort to insure his breaking off the habit. It would not be surprising if clinical investigation substantiated this belief, for until recently drastic treatment has been the form of management most writers on the subject have advised.

Probably Tissot *(1)* did more than any other one individual to influence therapy in this direction. Convinced of the terrible consequences of masturbation, in 1760 he published in Lausanne his noted monograph, Masturbation; or the Treatment of the Diseases that Result from Self-Abuse. Translated into many languages, it had a profound effect upon subsequent thinking with respect to the dangers of masturbation. Its tenor is indicated by the following quotation from Von Canitz which, according to Bloch *(2)*, Tissot took for the motto of the St. Petersburg edition of his book:

> When base lust fills thy thoughts,
> Let a horrible picture rise before thy mind
> Of withered dead men's bones,
> So let the sensual stimulation be driven away.

Other equally pessimistic writers followed Tissot and their point of view became so firmly intrenched that even after later writers had pointed out the exaggerations of those traditional beliefs, treatment involving warning, threats or punishment was still predominant. For example, Féré *(3)* in his chapter Sexual Education and Hygiene says, 'Children may be taught that such methods of reaction against local irritation are dirty or unseemly. . . .' Speaking of masturbation in adolescence he says, 'Tendencies to onanism should be anticipated by warnings as to its harmfulness or dangers'.

G. Stanley Hall *(4)* in a footnote refers to a pamphlet published in 1903 in which a physician elaborates an address which he gave at the Thirty-ninth Session of the American Medical Association. Writing anonymously in the form of an address to adolescent boys he says, 'If a boy in an unguarded moment tries to entice you to masturbatic experiments, he insults you. Strike him at once and beat him as long as you can stand.' Steinhardt *(5)* in his book, Ten Sex Talks to Boys, with an introduction by Ernest Thompson Seton, Chief Scout of the Boy Scouts of America, warns his readers, 'I have seen boys as young as twelve years, or slightly more, and upwards, in insane asylums from excesses of this kind, (masturbation) and the

cure of the mental condition, in these cases, is almost hopeless'. In his Ten Sex Talks to Girls, with an introduction by the Chairman of the Social Hygiene Committee of the American Federation of Women's Clubs, the same author *(6)* says, 'Masturbation, if indulged in to excess, will cause a breakdown of the nervous system, and cause you to end your days in a mad house, or send you to an early grave'. Surgical treatment for masturbation has enjoyed considerable popularity. Freeman *(7)*, for example, recommends it for masturbation in female infants and says that in these cases the only durable treatment is separation of the adhesions and circumcision.

The following comments from Bloch's *(8)* discussion of the treatment and cure of masturbation are interesting: 'According to the suggestion of Ultzmann, in the case of nursing infants and of small children, the hands may be confined in little bags or tied to the side of the bed. The methods of the older physicians, who appeared before the child armed with great knives and scissors, and threatened a painful operation, or even to cut off the genital organs, may often be found useful, and may effect a radical cure. The actual carrying out of small operations is also sometimes helpful. Fürbringer cured a young fellow in whom no instruction and no punishment had proved effective, by simply cutting off the anterior part of his foreskin with jagged scissors. In the case of a young lady who often in company indulged her passionate impulse toward masturbation, he brought about a cure by repeated cauterization of the vulva. Other physicians perforate the foreskin and introduce a ring. Cages have been provided for the genital organs to prevent masturbation, the key being kept by the father. Enveloping the penis in bandages without any opening has also been tried. Corporal punishment sometimes has a good effect.'

One of the standard textbooks in Pediatrics *(9)* states as recently as 1936 in a discussion of the treatment of masturbation: 'In young infants much may be accomplished by mechanical restraint. The kind of restraint which is necessary will depend upon the manner of masturbating. If by the

hands, they should be tied during sleep, so that the child cannot reach the genitals. If by thigh-friction, the thighs should be separated by tying one to either side of the crib; in inveterate cases, a double side-splint, such as is used in fracture of the femur, may be applied.' Thus we see that parents and others who deal drastically with the child who masturbates are not without authority for doing so.

When the literature is searched for data concerning the relative frequency with which children are threatened for masturbating, much less has been recorded than one might expect. In fact many of the classical works on sex behavior have nothing to say about this particular subject. It is true that various writers, especially the more recent ones, make the general statement that children are so threatened. For example, Freud *(10)*, writing On the Sexual Theories of Children, says, 'A child who is chiefly dominated by penis-excitation usually produces pleasure by stimulation of it with his hand, is detected doing this by his parents or by the persons in charge of him, and is terrorized by the threat that his penis will be cut off'. Again in discussing 'fear of castration' in his lecture on Anxiety and Instinctual Life *(11)* he writes, 'It is not primarily a matter of whether castration is really performed; what is important is that the danger is one that threatens from without, and that the boy believes in it. He has some grounds for doing so, for not infrequently threats of his penis being cut off are made during his phallic phase, at the time of his early masturbation; and no doubt allusions to such punishment will always find a phylogenetic reinforcement on his side.'

Meagher *(12)* writes, 'Many well-intentioned but foolish parents or nurses threaten to amputate the penis or hand of the young child in order to cure the masturbation'. Menzies *(13)* likewise says, 'It is, indeed, a not uncommon practice on the part of parents, nursemaids, and others, directly to threaten amputation of the genitalia or hands if the child is detected persistently "playing with itself" '. Thom *(14)* speaks of parents who in their efforts to overcome the habit of masturbation in the child subject him to dire threats and punishments,

and Chadwick *(15)* states that the classical threat for masturmation is mutilation—in boys that they shall be deprived of the penis, in girls that the hands will be cut off.

A search for more specific information, namely clinical evidence for views such as those expressed above, reveals that the chief source of data on this point is the case material on individual patients who have been under psychoanalytic treatment. Abraham *(16)*, in presenting the history of a case of cyclothymia recounts that before the patient was six years old his precociously aroused sexual excitement had led him to masturbate and that when his nurse discovered it she 'expressly forbade him to do it, and whipped him whenever he disobeyed her. She also impressed upon him the fact that he would suffer for it all his life.' Deutsch *(17)* tells of a patient who, recalling that she had masturbated between her fourth and sixth years, said that in order to check it her mother bound her hands and feet, strapped them to the crib and said, as she stood looking on, 'Now play if you can!' In a case study by French *(18)* the statement occurs, 'One day when the patient was seventeen years old, his father took him for a ride and called his attention to an "idiot" in town whose demented condition, the father said, was the result of his masturbation'.

Freud *(19)* in A Phobia in a Five-Year-Old Boy states regarding little Hans, 'When he was three and a half his mother found him with his hand to his penis. She threatened him in these words: "If you do that, I shall send for Dr. A. to cut off your widdler. And then what'll you widdle with?" ' Schilder *(20)* in discussing a patient's fear of punishment because of his active sex wishes says, 'The patient's father had often warned him against masturbation and he has always had the feeling that sex is something very dangerous, or that he could perish as a result of sexual abuses'.

We have found no study of a series of children's cases which had been investigated for evidence as to whether masturbation was dealt with destructively or not. The nearest thing to such an inquiry is Gardner's *(21)* investigation of night terrors in a group of 15 patients ranging from 22 months to 7½ years of

age. In reporting in detail the findings in one of the children in his series he makes the very interesting statement, 'In the first place, it points to what we have found as an important etiological factor in all of the cases of night terror that we have observed—the threat of mutilation of some part of the body, usually hands, stomach or genitals, as a punishment for masturbatory activities'.

Another survey which has a bearing upon our topic—though it is based on the findings in adults, not children—is that of Pullias *(22)*, reported in 1937. In a group of 75 first year college men who were questioned regarding their beliefs as to the effect of masturbation, 72 per cent. had been told that masturbation would cause serious physical damage, 69 per cent.[1] that it would give rise to mental damage and 52 per cent. that it was a direct cause of 'insanity'. Only 5 per cent. believed no serious damage would result.

The present study is based on 320 problem children referred by a general pediatrics clinic for psychiatric consultation, the children being examined during the period 1935–1938. Two hundred and twenty-eight, or 71.3 per cent. of the patients were boys; 92, or 28.7 per cent., were girls. Most of the children were of average intelligence; many were intellectually superior. The difficulties which led to their referral for psychiatric consultation were such problems as enuresis, compulsive behavior, fidgeting, fears, aggressiveness, disobedience, temper tantrums, speech disorders, thumb-sucking, nail-biting, feeding difficulties, night terrors, physical symptoms for which no organic basis could be found, mental retardation, and school failure in spite of normal intelligence.

In the course of securing the psychiatric history preliminary to the examination of these children, the writer asked each parent or parent substitute, as a part of the routine inquiry regarding habits, whether the child had been known to masturbate, if so at what age the masturbation had first occurred, finally what measures if any were used in dealing with the

[1] There was overlapping due to the fact that some of the men received several types of information.

situation. The inquiry pertained to any form of masturbation, whether auto-masturbation (manual or by any other means such as thigh compression or pulling the clothing back and forth against the genitalia) or mutual masturbation.

It was not until after the material was gathered that the idea occurred of using it in connection with a concrete study. In a discussion regarding certain clinical procedures the question arose, 'Is it true, as many believe, that children are frequently threatened or subjected to other destructive measures when they masturbate?' Then it was decided to go over the records of these 320 children to see what light the recorded data would throw on this specific question.

The children involved in the study ranged in age from 1 to 14 years inclusive, the age distribution being as follows:

TABLE I

AGE OF PATIENT AT TIME THE DATA WERE SECURED

Age: Years	Number of Children
1	2
2	8
3	24
4	23
5	34
6	42
7	33
8	35
9	37
10	36
11	27
12	15
13	3
14	1
Total	320

Of the 320 children examined, 142, or 44.4 per cent., were reported to have masturbated. According to the statements of our informants, the remaining 178, or 55.6 per cent., had not.

The ages at which the children were first known to masturbate are given below:

TABLE II

AGE AT WHICH CHILD WAS FIRST KNOWN TO MASTURBATE

Age: Years	Number of Children	
Infancy, exact age not specified	8	
Less than 1 year [2]	5	
1	12	
2	16	54.3%
3	16	
4	20	
5	9	
6	8	
7	4	
8	6	
9	3	
10	2	
11	0	
12	0	
13	1	
Age not specified	32	
Total	142	

It is interesting to find that of the 142 children reported to have masturbated, 54.3 per cent. of them were known to have first done so before the age of 5 years.

Turning now to the main object of the study, namely an investigation regarding the frequency with which the parents dealt destructively with the child's masturbating, it was found that such measures were used in 128, or 40 per cent., of the 320 children [3]. This finding alone is of considerable significance but an analysis of the various types of destructive response is still more enlightening. For example, 20.3 per

[2] Age 5 months, 1; 9 months, 2; 10 months, 2.

[3] Of the 142 children known to have masturbated, 73.3 per cent were dealt with destructively.

cent. of the 128 children were actually punished and 84.4 per cent.[4] were severely threatened. In 67.2 per cent. of the 128 the threats were physical in character; in some cases bodily injury was to be inflicted by some adult, in others the child was warned that the masturbation in itself would lead to damage to the body. Of particular interest, because of its bearing on the problem of castration anxiety, is the finding that 36 per

TABLE III

PUNITIVE RESPONSE TO CHILD'S MASTURBATING

Response		Number of Children Involved[5]	Percentage of the 128 Children Involved
Mild Censure ('It isn't nice', etc.)		25	*19.6*
Scolding (Content not specified.)		6	*4.7*
Punishment		26	*20.3*
Slapping, whipping	23		17.8
Deprivations	1		0.8
Put in cellar	1		0.8
Red pepper on fingers to burn genitals	1		0.8
Mechanical Restraint		2	*1.6*
'Binding his body'	1		0.8
Legs pulled apart, tied	1		0.8
Humiliation		9	*7.0*
Threats		108	*84.4*
Physical	86		67.2
Whipping and allied threats	4		3.2
Child would be taken away	4		3.2
Genital injury	46		36.0
Other physical damage	32		25.0
Mental (Mind would be injured)	10		7.8
Moral, Religious	10		7.8
Humiliation	2		1.6

Total number of children involved above: 128.

[4] There is overlapping because some of the children received more than one type of treatment.

[5] The total number of children in this column exceeds the total number of children on which the table is based (128) because in the case of some children more than one type of punitive response was made by the parent.

cent. of the 128 children were specifically threatened with injury to the genitals. It should be borne in mind that all of these figures are minimal for they do not take into account the children whose masturbation and its punishment had been forgotten by the informant, and therefore was not reported.

Although we do not have the exact ages at which the children were threatened, we know that in many of the cases it was before the age of 5 years, for usually the threat occurred when the child was first observed to masturbate and, as is shown in Table II, over 50 per cent. of the masturbators were first known to have practiced the habit during the preschool age period.

These statistics yield significant information, but when our data were pooled for study, it was obvious that the parents' verbatim statements, the majority of which had been recorded in the case records in the form of quotations, constituted the most revealing feature of the findings. For this reason it seemed wise to include them in our report. The numerals which follow some of the quotations indicate the number of children whose masturbation met with that particular type of parental response.

TABLE IV

VERBATIM STATEMENTS MADE TO CHILDREN WHEN THEY MASTURBATED

Mild Censure, Punishment, Humiliation

'It isn't nice.' *(14)*

Mother scolded child. *(2)*

Mother slapped child's hands. *(5)*

Mother slapped child's hands because father has read masturbation may cause people to be 'fiends'.

Mother slapped child.

Boarding mother put him in the cellar.

Mother put red pepper on child's fingers so that she burned her genitals the next time she touched them and cried.

Father gave her 'an awful whipping for it'.

Mother pulled her legs apart (for masturbating by compressing thighs) and tied them to the high chair.

Parents shamed child. *(6)*

Threats

'You can get a blood poison . . . and you can die.'

'Do you want me to take you to a doctor and have him cut it (penis) off?'

'She might injure herself' (genitals).

'You'll hurt yourself and then I'll have to tie it (penis) up in a bandage.'

Mother threatened to hit his hands.

'The pussy would see it (masturbation) and bite it (penis) off and then he'd be a little girl.'

He would 'get it (penis) full of germs'.

Warned of danger of infecting genitals. *(4)*

'The doctor will sew your *po po* (vagina) up.'

He would 'not grow strong'.

Penis 'would get sore and need an operation . . . that he would become a girl'.

He 'might injure himself so he couldn't urinate and then he would get sick'.

He would 'become a cripple'. Again, that he 'would get a hernia'.

He might 'get bugs' in his penis.

He might 'hurt himself' (penis).

'Get sick.' *(2)*

Health Station nurse threatened he would have to 'go to a hospital' where his penis would 'be cut and be terribly sore'.

He would 'get sick and have to go to the doctor'.

He would 'make it sore' (penis). *(2)*

He 'would be taken to the hospital'. Subsequently feared hospitals.

'He would get a pimple on it (penis) and the doctor would have to cut it and he would be in pain.' Sometimes said, 'If you touch it (penis) it is liable to fall off and make a girl out of you'. Also the family physician would cut off the penis.

He 'might get germs on it (penis) and it would get very sick, it would get swollen and need an operation'.

'O my God, you look so pale! Are you doing things you shouldn't? If you do, it'll ruin your health.'

Mother would send him to a hospital again, that his penis would 'fall off and he would be out of luck' (unable to urinate).

He 'wouldn't grow up to be a big man'.

Might injure the genitalia by 'dirty hands or a scratch'.

'The bad man would take him away.'

'Those parts are sensitive.'

Frightened child by appealing to her 'germ sense'.

Grandmother threatened injury (type not specified).

'He would get sick and it would be terrible.'

'I threatened it would injure him—make him sick.'

Mother warned her the genitalia are 'like the eye—very tender'. Touching them might lead to infection 'and affect her when she grows up'.

'It will stunt your growth.'

'They might rupture themselves and be sorry for it later in life.'

He 'would get sick and have to go to the hospital and I don't know what they would do to you there'.

He might 'hurt it' (penis). He knows if he hurts his testes 'the seeds won't grow'.

The penis 'is a delicate part of the body', that germs from his dirty hands might cause it to be 'sick, diseased—something really will happen to you'.

It would 'make him very nervous and unable to concentrate'.

The penis is 'nothing to toy around with'; if he did so it would 'spoil his mind—make him an idiot'.

It might make his face 'look funny'. Also 'I know two who got crazy and died' as the result of masturbation.

'Don't touch yourself or you won't be able to do your lessons in school. You'll go out of your mind and they'll put you away where all the crazy people are and you'll never be able to see me' (mother).

'It isn't right.' *(2)*

'A dirty thing to do—a naughty thing to do.'

'It's bad.'

Child is told he is 'a bad boy'.

Combination Responses

Penis 'will get very red around the rim and you'll end up by going to the hospital for good. You might make yourself so nervous that when you get big you won't be able to have a nice baby'. Also mother threatened to paint his penis with mercurochrome.

'I did everything the doctor told me', i.e. applied argyrol to child's genitalia every few days. One doctor 'injected needles in her arm'. Mother adds, 'I hit her many times—I used to kill her for it, I used to scare her—tell her she might ruin herself, that once she dug her nose until it bled and now she might make herself bleed down there' (genital region).

'He might get sick—get sore.' Medicine would have to be applied which would burn his penis. He might have his penis cut off.

Mother slaps his hands and whips him for it. Tells him 'everyone will be talking about him' and that 'he'll have to go to the hospital where the doctor will cut his penis off and he won't be able to urinate'.

Get sick and have to have an operation on his penis. His penis would 'fall off'.

'Told him it wasn't nice and that he would make himself sick.'

Mother 'scolded him' and threatened to tell the doctor about it.

'I spanked him every time he did it' and threatened he would 'get sick, have to go to the hospital where he couldn't see Mamma any more'. Also said, 'God wouldn't like him'.

Mother 'scolded', said the penis was 'for just one thing—going to the bathroom' and that if he masturbated 'he wouldn't grow up as he should'.

Mother said he would get sick and have to go to a doctor. Father threatened to put him in the cellar.

'I spanked him terribly and told him if he ever did it again I was going to cut his hands off.'

Mother slapped his hands. When this failed to stop the masturbating she threatened to cut his penis off.

Scolded and whipped her.

Shamed him and threatened to hit him.

Mother hit him, 'hollered at him', told him he 'might get sick' and the doctor 'might cut it off'. Father 'scared the life out of him'.

Mother told him he was 'doing wrong, he might get sick and he might have to go to the hospital for examination'.

Masturbation would cause pimples to develop and he would 'get covered with sores all over and get sick'.

'Smacked his hands' and threatened he would 'get sick'.

Mother said, 'It isn't nice. It might hurt you.' Teacher in first grade threatened to cut his penis off.

Mother threatened to put diapers on him and to 'cut it off' (penis).

Warned, 'It's a sin' and that she will 'get so sick' if she even thinks about it.

Mother 'broke it off' by 'binding his body' with a towel. Threatened germs would get on his penis causing him to be ill and to 'hurt terrible'.

'It isn't nice.' Also that if he didn't stop he would 'make blood or something'.

Slapped her hands, told her it wasn't nice and that she might 'have *boo-boo*' (a sore) in genital region.

'Hollered at him' and told him he might get sick, might get 'ruptured'.

Deprived him of comic strips and his favorite food, eggs. Shamed him saying the masturbation was due 'to the animal in him'. Later threatened, 'You're going to get softening of the brain; you're going to be like Gerald' (a 'silly boy' whom the children call 'Crazy'). Later threatened reform school and put him on a reform school regime.

Shamed him and told him his penis would 'get sore, *boo-boos*'.

Mother 'punished him terribly' (whipped him and put him to bed). Also told him 'Jesus would punish him and that he would be a bad man'.

Told him it was 'no good', that the policeman would put him in jail, that his father would 'cut it off (penis) and then you won't have it any more.

Not nice. It would 'spoil his health'.

Said it 'wasn't nice', threatened to spank him, said his penis might get infected and be sore and that 'they might have to cut it off—that's why he's afraid' (of the hospital).

'It's awfully bad for you.' Also, 'I scared the insides out of her . . . told her it would be terrible if she lost her mind and that it might make her silly.'

Told him it was 'bad'; threatened a whipping.

Told him 'not to do it', that 'it wasn't nice, he might hurt himself' or might break his penis off.

'It's the worst thing you can do. It might cause an illness so you'll need medical attention. . . . It might get so it will just rot and dry up and you'd be the only boy walking around without one' (penis).

Slapped her hands and told her, 'It isn't nice'.

Slapped his hands, told him it wasn't nice and that his penis might 'get sore'.

Slapped his hands and warned, 'If you do that you are going to grow up a sick man'. Once when penis was inflamed mother told him it was the result of masturbation and that 'it's a very dangerous thing to play with any part of the body—if you play with the nose you might get a nose-bleed'.

Told him 'it wasn't nice, it might make him crazy'.

Said it 'didn't look nice' and that his penis would swell.

Whipped her severely and told her it was 'a terrible thing to do, an awful thing to do'.

'It will hurt you in later life. . . . You will get terribly nervous and sick.'

Told him he 'wouldn't grow up strong, that it might affect his body in every way, and his mind'.

The above findings warrant serious reflection for they make us realize that even at the present time, popular thinking about masturbation and its management is still too greatly influenced by the ideas and attitudes prevalent centuries ago. For instance there is a strong resemblance between the above threats and the warnings of Galen *(23)* in the second century who in writing about masturbation admonished, 'Watch carefully over this young man, leave him alone neither day nor night, at least sleep in his chamber. When he has contracted this habit, the most fatal to which a young man can be subject, he will still carry its baneful effects to the tomb, his mind and body will be always enervated.'

Some of the incidental findings are of interest. For example, while no specific inquiry was made of the parents as to what medical advice they had received regarding the best way of dealing with masturbation, in the case of only one patient out of the 320 did the parent mention that the child's physician had advised what today is generally conceded as constructive treatment. In this instance the father stated that when the child was about one year old he masturbated for a time, but on the advice of the family physician it was ignored and the habit finally disappeared.

Again, it will be noted in Table IV that often the child was told that the doctor would cut off its genitals if the masturbation did not stop. This is significant because of its practical bearing on the problem of the many children who come to the pediatrics clinic or the office of the private physician already set to react with terror to the necessary procedures which the physician must take in looking after the child's health.

Another interesting observation is that in the majority of cases constituting this study, it was the mother or mother surrogate who threatened the child when he masturbated. This is in signal agreement with Freud's *(24)* statement in The Passing of the Œdipus Complex that 'Usually it is from women that the threat emanates'. What this may have to do with the type of threat which the masturbation calls forth is in itself of interest and a question warranting investigation at some future time.

Conclusions

This study, limited in scope, reveals that in a group of 320 problem children 128, or 40 per cent. of the children, were dealt with destructively concerning masturbation. The destructive measure most frequently used was that of the direct threat. The threats were drastic in nature. Physical threats were employed more frequently than any other type and in over half of these cases, the children were threatened with genital injury. The findings are an understatement for they involve only those cases in which the parents had not forgotten the child's mas-

turbation and how it was handled, and who felt secure enough to tell what occurred.

The verbatim statements of the parents as to what they did or said when the children were found masturbating are particularly significant for, although obtained in the course of taking routine clinical histories rather than through analytic procedures, they bear out a fundamental psychoanalytic formulation. In other words, this study is of especial interest in that it presents a body of factual information which strikingly corroborates the freudian concept, 'castration threat'. Frequently, too, the criticism is made that psychoanalytic theories have been postulated on the basis of findings in very small numbers of cases and primarily on the retrospection of adult patients as to what happened in their own childhood. Here in a group of 320 children we find substantial support for the assertion of psychoanalysis that often children, when they masturbate, are threatened with castration. This fact is important because of its implications with respect to castration anxiety.

The findings as a whole are provocative for they raise many questions which have not been adequately answered. For example, what is the incidence of masturbation threats in children who are not considered problems? Is it true that threats of this type usually emanate from women and if so, what is the significance of this circumstance for the child? Does a relationship exist between the cultural, religious and economic background of the parent and the type of his response to the child's masturbation? What is the correlation between harsh measures used in the treatment of masturbatory activities and the occurrence of anxiety and other neurotic symptoms in children? Too often it is taken for granted that our knowledge of masturbation is complete. The present study indicates, however, that our empirical data concerning the problems involved are inadequate and that much research on the subject remains to be done.

Finally, from the point of view of mental hygiene, the findings are a challenge. If, as many psychiatrists believe, drastic threats made by adults in connection with the child's mas-

turbation generate and aggravate anxiety, thereby fostering the development of neurosis, then here is a field where much can be done in the interest of the child's future well-being. It is obvious that no amount of 'education' is going to alter deeply rooted parental attitudes. However, it is likely that those parents who are unconsciously as well as consciously interested in dealing constructively with their children's problems but who are still under the influence of the older teaching in respect to the dangers of 'self-abuse', would profit by sound advice as to the wise course to take in dealing with their children's masturbation. The logical person to give such advice is the pediatrician or the family physician responsible for the health of the child during infancy and the preschool years, for he is the first extra-familial agent with scientific training regarding child hygiene who comes in contact with the child during those first crucial years of its life.

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A PARANOID MECHANISM IN MALE OVERT HOMOSEXUALITY

BY L. N. BOLLMEIER (HOT SPRINGS, ARK.)

Case material from the analysis of a patient is presented because it reveals some of the forces acting to influence the choice between a paranoid reaction and overt homosexuality in a male.

A twenty-four year old man, an only child, had slept in his parents' bedroom until the age of eight. He was well developed, good looking, of average height and weight. He was born and lived in a southern state and was very proud of his family background. His mother had impressed it upon him that he was better than other children, and because he was descended from a German royal family, he was not allowed to play with other children. That he had been a bottle-fed baby he still resented very much. His parents had been married eighteen years when he was born. His only playmate was a cook's son, two years older, on the rare occasions when the mother left him; otherwise his time was spent alone playing with dolls until he was ten. He had fantasies that he was a king, living in a castle from which he controlled the weather by magic. The playmate was his subject and obeyed him unquestioningly. Mostly he was with his mother, her sister and their friends. They taught him to make paper flowers and to knit sweaters. He went to school at six and finished high school at fifteen. He was the pet of the teachers and always had the best grades. He attended a boys' preparatory school for two years, entered a leading eastern university and graduated at twenty-one.

He had obtained a position which he still held, in a large financial institution in Chicago through the father of his most intimate college friend and classmate. To this friend

he had a strong homosexual attachment and with him had had an experience of mutual masturbation. This friendship had developed during the first three months at the university. The friend had a car, lots of spending money, and took the patient on many trips and bought him liquor. He would take him to New York City for week-ends where they would visit taxi dance halls and pick up a girl with whom they would spend the night in same room. The patient had difficulty in having sexual relations. He had had his first sexual relation with a prostitute when they were on one of these week-end trips. They both had intercourse with the same woman. The patient had difficulty in getting an erection and was shocked when he saw the woman nude.

When he went to Chicago to work, his friend introduced him to many people, especially girls, and made dates for him so they could go out together. The friend gave him entrée to an exclusive social circle in which the patient felt he belonged. He was admitted to the friend's country club. In short the friend was an ideal parent who gave him everything, taught him the things his father had not taught him and took a genuine interest in him to the point of giving him clothes. The patient discussed all his problems with him and went to him for all advice.

At the age of four the patient had seen an older boy masturbate. When he had tried to imitate him he was very much disappointed because he could not ejaculate. He was acutely conscious of the small size of his penis in comparison to the older boy's. This inferiority was again impressed on him at the age of seven when he compared his penis to another boy's. He developed a general sense of physical inferiority, and would not take part in any games but would stay at home and read. He became known as a sissy and the boys made fun of him and tried to get him to fight. At nine years of age he had a man teach him how to box so that he could beat the boy who was the ringleader. He felt inferior to his father who could hunt and fish. He never forgave his father for not teaching him to do these things.

At eleven years of age he began mutual masturbation with another boy, a habit which continued regularly until he entered the university, and then occurred at times with another student. He masturbated alone with the fantasy that he was having a mutual affair with a boy. In high school and at college he had dates with girls, but never enjoyed petting in which he engaged because the girls expected it. He was a good dancer, played the piano and belonged to the glee club in the university. He smoked cigarettes and drank, sometimes to excess. In the university, he earned part of his money and the rest he received from an aunt. The degree of his attachment to his mother was such that when he went out in the evening he called her on the telephone two or three times during the evening to let her know he was all right. He was strongly attached to the paternal aunt who had helped him through school. He visited her three times a week and they had long talks. She died suddenly six months before the patient came to analysis. He never got to know his father well and he did not talk to him about himself. He had great fear of men in authority, especially officers.

His father, sixty-seven years old, had been in business with his father and brothers. This business failed and he had established a business of his own which also failed. The last seven years, he had been paralyzed, unable to do anything and the patient had supported him for two years with bitter resentment because his father had done so little for him. The father was careless of his appearance, always had a dirty office and desk and never took any interest in his child. When he came home in the evening he read papers and magazines, took no part in the home life, and never played with his son. Sundays he sometimes went fishing or hunting, but never took the patient with him. The mother drove the family car.

The mother, about sixty years old, was a very dominating woman and controlled the home and her son to the least detail. She was an ardent Christian Scientist, a practitioner, and the patient felt she neglected him for it. She had a miscarriage four years before the patient was born, knowledge of which

angered him because he wanted to be the *only* child. She gave him his bath until he was seven and permitted him to sleep with her when the father was away. She allowed his hair to grow long and dressed him in girlish clothes. He was deeply disturbed when his aunt told him that the mother had a love affair with another man six years before he was born. Whenever he was near his mother he could not go out without her consent and she always wanted to go with him, forbade him to take a drink, sulked when he did and would not talk to him for several days telling him that if he really loved her he would not do it. She said no girl was good enough for him and found fault with them all. She made him go to Christian Science Church for years and even now he has to take her to the meetings, and when he does not feel well she wants to help him with Christian Science. She was the head of the family, had complete charge of the home, told everyone what to do including her sisters. The father never questioned her authority and the patient never thought of doubting anything she said and would never disobey her.

The second, and more significant phase of his overt homosexuality began when he was twenty-three, while visiting his aunt. He attended a New Year's party with a girl who had a weakness for orchestra leaders; both got drunk and the leader of the orchestra took him and the girl home, but took the patient home first. This upset him very much. When he reached his hotel, a man followed him to his room. He did not object as he had wanted such an experience for some time, but he felt the man took advantage of him, 'like rape'. He practiced fellatio on the patient. A second similar experience occurred the night his mother came to live with him and they occupied the same bed. He left the house, had some drinks, picked up a man on the street, went to his apartment and practiced mutual fellatio with him. Some time later, he was rejected for someone else by a girl who had a great deal of money. He picked up a boy, took him to his home and practiced fellatio on him. A fourth homosexual relationship occurred after he was threatened with a loss by his college

friend's announcement of his engagement. This was a shock and when he attended the engagement party he had a homosexual relationship with a physician. Again when the marriage took place he had recourse to overt homosexuality. The latest episode occurred the night before coming to analysis. He had attended another engagement party with a girl and another man. He got drunk and made sexual advances to the man who informed the girl, and they both advised him to see a psychiatrist.

About four months before the last episode, he had had the first real paranoid disturbance which was followed by another a few days later. The college friend was engaged and about to be married. This was a severe shock to which he reacted with a masculine protest. He asked a friend how he could get promoted and was informed that he must do more than his regular job, interest himself in all departments and show the officials that he was on the job by doing extra work and attracting their attention. This he set out at once to do by going into some old records where he discovered a mistake in posting a date. Much excited, he was very happy that he had made a discovery, went to a superior and informed him of the mistake, to be told that it was of no importance and could not be changed now. Then he went to the officers of his firm and here he got a real rebuff, being told if he would do his own work and keep his nose out of other departments it would be much better for all. This terrified him and he developed a fear of losing his position.

Two days later, while on the street with the college friend and the latter's fiancée (they were to be married in a week), he believed that they were being followed by thirty detectives. At first he thought it was on account of the friend's coming marriage and that they were followed to prevent a kidnaping. He asked the friend about it and was told he was foolish and that no one was following them. This did not satisfy him. The following day he went to the friend's father and asked why they had been followed. The father advised him to take a vacation at once to avert a complete

nervous breakdown. Two days later he was having dinner in a hotel with a girl and felt that everyone in the room was looking at him. He spoke to a waiter about it, but did not get a satisfactory answer. On leaving the dining room, he thought the house detectives were following him. This upset him very much. He went to a man in charge and asked if he should identify himself. He was told it was not necessary. He was very well known at the hotel as his aunt had lived there many years and he had called on her almost every day. (This aunt had died four months before and had left him a legacy of two thousand five hundred dollars. He had expected much more. His father had received sixty thousand dollars. He had for years entertained death wishes towards this aunt with fantasies of having her money, living an easy life, and traveling all over the world.) It occurred to him that the detectives believed he had killed his aunt by giving her poison. The aunt's legacy had made it possible for him to take the girl to dinner at the hotel. Four days later he attended his friend's wedding. He was drunk most of the time at the wedding and had the fifth in the series of homosexual affairs already described. After the wedding he took a month's vacation in South America. On his return he was fairly happy, spent some time with a girl whom he treated like a mother. He had kissed her twice. He sometimes felt when he saw two people talking together at his place of business, or less often elsewhere, that it was about him and that everyone knew about him. These delusions of reference sprang among other sources from an urgent need for approbation and love from everyone, even strangers.

He could not get interested in girls because they were not like his mother. The ideal girl was blonde, slender, with beauty, culture, and family background. She must be intelligent, play the piano, must be able to look after the house, especially the cooking, and last but most important, she must be a virgin. The mother was blonde and fulfilled most of the other requirements. The special stress on a virgin was his unconscious fantasy of a virgin mother—disturbed by the

discoveries that his mother had had a miscarriage, and a love affair with another man before he was born.

After a year of analysis, he became aware of his unconscious sexual desire for his mother with a strong emotional reaction. In the same hour, he reversed his incestuous strivings for the mother, saying that he would rather have sexual relations as a woman, but preferred fellatio,[1] and that what he really wanted was love and affection, and he was willing to be a woman to get it.

He became interested in a girl named Mary during the analysis. She was a maternal type. He made some sexual advances to her because he thought it was the thing to do, but he did not want her to yield to him and he had no erection. After a time she rejected him for someone else and the homosexual impulse returned without overt activity. He stated he was 'on the make' by a man. This affair impressed on him that he should not fall in love with anyone; then he would not be in a position to suffer rejection.

The following dreams illustrate his mother fixation. The last three were dreamed when his mother was away from home.

> Mary and I, in mother's bedroom. I tried to have sexual relations with her but was afraid mother would come in. Then I took her to bathroom. Thought it safer there.
>
> At a party, lots of celebrities there including Queen Mary. I told her she was my ideal woman; she represented everything I wanted.
>
> Going to meet mother, she is coming on a plane; then I am on the plane with her. She got real close to me; her mouth to my ear. I got embarrassed, afraid people think we were making love. I told her to wait till we got home.
>
> I look at mother's picture which she had made. It resembles Pola Negri; she looked like a vampire. I woke up with an erection.
>
> I am riding in a car with mother across a bridge, and tell her to drive to the side to miss something. She got too far to the side and the car sinks in mud.

[1] *Cf.* the second homosexual episode above, following the mother's arrival to live with him when they slept in the same bed.

He was conscious of feeling his body and penis to be inadequate from the age of four when he witnessed an older boy masturbate. He was now critical of his narrow chest and of his hips 'like a woman', a poor complexion and absence of characteristics of a 'he-man', all details of his emergent feminine identification. His mother had always told him that boys were bad and dirty and not to go around them; she would not permit him to play with them as he was a superior and an exceptional child.

At the age of seven while he was visiting an aunt who had a son about five years old, she had wanted to cut her son's fingernails but he was afraid and refused to let her do it. The aunt took the patient on her lap and cut his fingernails to show her son that it did not hurt. From that day he started to bite his fingernails so short that the fingers became club shaped. This symbolic self-castration in preference to experiencing it by the mother was later brought into association when he had castration anxiety on feeling vaginal contractions during sexual intercourse. Other symptomatic castration anxieties were fears of axes and knives which he connected with a fisherman (father) who had threatened once to cut off his head like the fish he was cleaning; and his fear of men in positions of authority.

Until he was eleven, he had the idea that everyone had a penis and was shocked when he discovered this was not true. The bathtub in his home had three faucets of different size. He fantasied a connection with the three penises in the family: his penis was represented by the big faucet, his mother's by the middle size and his father's by the small one. He fantasied that he was a giant with a big penis and controlled everything.

The same year he went on a vacation with three other boys. The local newspaper gave an account of the trip and stated what wonderful physical ability the three boys had, but about the patient it stated that he was noted for telling the truth. This crushed him, again made him feel inferior to other boys and convinced him that everyone who read the paper knew

it. At the age of fourteen he fell in love with another boy and asked him what you do if you love another boy. He was denied admission to a high school club. He had the feeling there was some relation between breast and penis as they both give something. He was deprived of a breast and wanted to take the penis instead.

His strong feminine identification and reversal of the sexes are stated in the following dreams. The first dream was produced when his homosexual striving was very strong and when he had just renewed his interest in tropical fish which were very active in viviparous reproduction.

> I was married and was going to have a baby. All the people had glass compartments, tanks with water in them that look like my fish aquarium. Someone else was going to have a baby, and I asked how long it would take before it was born. She said three days.
>
> I am taking a turkish bath. I see a woman with high-heeled shoes. She has a penis.
>
> The osteopath was on me just as if I were a woman. It was pleasant. I looked at his penis, liked it, and was conscious of his chest on mine. I was a man, and felt good that I could be of service to him.
>
> In a hospital with mother. I am dressed in a black satin dress and am pregnant, about to pop any time. Mother is with me to see I have it right. I walk down a hall with my parents. The baby is expected that night. I am so big I can't get through doors. Then my boss and his secretary come to the room. The boss goes out looking mad, and I think, 'I haven't done anything wrong'. I had had sexual relations with a girl and I got stung.

He observed men on the street, first looking at their faces, then their bodies. If the man was good looking and had a strong well-built body, he fantasied how nice it would be to practice mutual masturbation with him, and especially tried to visualize his penis. Mutual masturbation proved a way in fantasy of getting a big penis from the big strong man by castrating him.

At the height of the homosexual transference, he developed herpes on his penis, went to a doctor who advised circumcision, and then thought it would not be so bad if the doctor made a mistake and castrated him, because then he could stay at home, read books, and have his parents take care of him. At times he had the idea that the analyst was having him followed.

The best sleeping partner is his mother; then his father. He feels sure his parents never had any sexual relation after he was born. It is dirty and he cannot see how any woman could enjoy it; he feels men are brutes to force their sexual attentions on women.

The history and fragments from the analysis of this patient are sufficiently clear and typical to require no interpretation to the psychoanalytic reader. The question that arises is why in this man to whose ego overt homosexuality had become an acceptable escape from intolerable castration anxieties when confronted with loss of love or pressure of a need to assert his competitive masculine aims—why he should have been forced to resort to a frank paranoid mechanism, alternating with overt homosexual behavior.

His abortive and rather passive masculine protest had failed with the rebuff and the consequent fear of the loss of his job (castration) from the officers of his firm (father). The ensuing paranoid mechanism is a projection of his repressed hostility. The implicit hostility to the other employees in uncovering their mistakes is an added source of anxiety from fear of retaliation. The danger to him from competitive activity is greater than the danger he feels from the loss of love which can be temporarily averted by a homosexual relationship. He tries to escape it by projection because he feels it as a threat of castration from without. The castration fear which he now has, the fear of losing the job, is the only thing he has left of the partially sublimated homosexual relation with his college friend who secured for him the job.

He therefore again accepts his early female identification in a manner similar to his choice of biting his fingernails (self castration) and to the dreams in which he is to have a baby (penis?) or is having a sexual relation with an osteopath as a woman; but he has a penis. His masculine striving partially based upon an identification with a phallic mother is too strong to permit him to escape into a purely feminine passive homosexuality. From childhood he had learned under pressure of anxiety to tolerate the fantasy of self-castration and self-punishment. Whatever happened he must not lose his penis; therefore when he identifies himself with a woman, it is woman with a penis. In this way his masculinity and femininity are both satisfied. It is a compromise that serves until he is forced to make a choice, or the pressure of anxiety is increased to a point at which a paranoid mechanism is necessary.

THE PSYCHOGENESIS OF A FATAL ORGANIC DISEASE

BY BERNHARD BERLINER (SAN FRANCISCO)

The following case illustrates the relationship between psychogenic factors and organic disease and, in this particular case, death. I saw the patient only twenty-six times during the last five weeks before she died; therefore, while the psychoanalytic material which I am able to present is incomplete, it is nevertheless significant for the topic in question.

The patient, fifty-one years old, of German descent, the wife of a well-to-do manager of art exhibitions, had suffered for two months from a dysentery-like colitis. It was not a true dysentery. Bacteriological and x-ray examinations were completely negative. The clinical picture was unusual and did not conform to that of serious organic disease but seemed to be more in the nature of a psychogenic disorder. The family doctor who had called me was not at all in favor of the psychological point of view nor of psychotherapy but in this case he called in the psychoanalyst as a last resort.

Several years before her last illness the patient had had gonorrhœa of the rectum as a consequence of an infection from her husband. Her present symptoms were continuous fever, frequent bloody mucoid stools, painful tenesmus, nausea, vomiting, insomnia, and severe loss of strength and weight. She was given a transfusion of her husband's blood. Immediately after the transfusion she developed a state of great excitement resembling an agitated depression. She sang patriotic and religious hymns which she knew from her childhood and insisted upon leaving the hospital. She had to be taken home where she was treated with diet and narcotics.

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She strongly resisted the prescribed diet and demanded to be given 'hot dogs' (sausages) which, of course, she was not permitted to eat.

When I first saw the patient she was greatly depressed and very resistive. It required a series of visits before I succeeded in having her tell me her history. I shall omit the less important parts.

The patient had been married seventeen years. Her husband was several years younger than she. She had a sixteen-year-old daughter to whom she was extremely devoted. The girl was a lazy and depressive youngster who shared the depressive moods of her mother.

The patient stated that her husband had carelessly acquired gonorrhœa when he was a soldier in the war. She became infected, was very ill, and had to undergo several operations which resulted in a premature climacteric; but she forgave him, she said.

Later she told a somewhat different story. During the mobilization she had thought of a way to exempt her husband from military service. It had occurred to her that it might be accomplished by having him acquire a venereal disease, and she had induced him to assent to the plan. She accompanied him to a section of the city where there were prostitutes, gave him money which she had stolen from her sister-in-law's purse, and sent him to meet a prostitute while she waited in a café. He did as he was told but failed to infect himself. He succeeded later during the war. Whether this story was true or fabricated, it proved the tendency of the patient to excuse her husband and to take the blame for her husband's infection.

She praised her husband as being infinitely good to her but she disliked sexual intercourse. It was an advantage to be sick because it protected her from intercourse.

She was brought up in a small town. Her parents were much older when she was born than later she wished that they had been. That her mother was the second wife of her father, she learned during her adolescence. She was very much shocked. She worshipped her parents, particularly her mother.

Both parents were very strict. Her father was said to have been an elegant and gay young man of the world in his youth.

Her mother died of an intestinal disease when the patient was twenty-six. She had taken care of her mother for three years at much self-sacrifice, scarcely ever leaving her bedside. Her mother's death was a severe blow to her. She often reproached herself with having neglected her. Occasionally her father had made that reproach. When her mother died she suddenly had the thought, 'It is a blessing'; and she blamed herself for having this thought.

The mother had had a very rigid moral standard. She gave the patient a strict religious education and taught her rigid sex repression. The patient was always eager to be as pure as her mother was. Another result of her education was an over-kindness, a reaction formation against sadistic tendencies. She felt impelled to rescue a fly which had fallen into water; she could not eat meat from an animal she had seen alive; she feared during her illness to bother her nurse and had to apologize for every little service she required.

Her mother's last illness began as a gastro-intestinal infection after having eaten fish. It led to chronic colitis with strictures, constipation alternating with diarrhœa, and vomiting. At a later stage there was incontinence of the fæces. The patient gave her morphine injections according to the doctor's prescription. One night her mother got out of bed and cried in great distress. She forced her back into bed and gave her, against the doctor's prescription, two injections. Then she called the doctor. The doctor said coldly, that if the mother died it would be the daughter's fault. She looked at the bottle of morphine solution and thought: It will then be also the cause of my death. The mother slept a day and experienced no ill effects. She died two months later.

Shortly before her death she said to her daughter: 'Mother (she used this mode of addressing the daughter), if there is a God you should be happy all your life for what you have done for me. If you are unhappy you need not believe in God.'

The day her mother died, she had not eaten and was very

hungry. Her father came home with some 'hot dogs' (sausages). She ate them greedily at first, then refused to eat more of them; however, persuaded by her brother, she ate them finally at the bedside of her dead mother (she laughed when telling this). Afterwards she blamed herself for her good appetite but she reassured herself with the thought that the mother had ceased to suffer. She continued nevertheless to feel guilty.

Her father reacted to his wife's death with apathy and depression. He seldom left his chair and died a few months later. The patient then lived with her older brother in a large city. There were some erotic temptations which she resisted consciously. Then she married, but divorced her husband after a short time without having had any sexual relationship. At the age of thirty-four she married her second husband.

She praised her daughter for her chastity. At the age of twelve the daughter had confessed to her that a girl classmate had taught her to masturbate and that other classmates had sexual relationships with boys. Thereupon she gave her daughter sex instruction and told her of great dangers resulting from masturbation. Since then she felt she could rely upon her, in spite of many temptations to which the girl was exposed at an art school which she attended. She and her daughter formed the habit of bathing together. They undressed in front of each other and were playful in the bathroom. Then she related under a noticeable urge to confess that her husband and her daughter also used to appear naked in front of each other, and to bathe together. According to information given by the family doctor the daughter was infected with gonorrhœa when she was ten years old, presumably from using a sponge. The patient had only one objection to her daughter: she was not as religious as she.

During the time of my observation of the patient, she was acting out oral and anal tendencies of an unusual intensity. She did not want to speak, but wanted only to listen to me. When she was about to say something she suddenly demanded

a drink and did not talk. The need for refreshment, imperative bowel movements, or attacks of vomiting interfered frequently with conversation. She drank sweet fruit juices and wanted me frequently to pass her the glass. She listened to me with a sweetish demanding, absorbing smile. It was a very typical picture of an oral libidinal personality.

One week passed in this initial stage of resistance, and then she felt talking did her good. She had never had an opportunity to trust herself to anybody, she said. When she could talk she did not have to vomit. She began to tell her story. In a state of friendly transference, her sleep, her emotional state, and the condition of the bowels improved markedly.

On the eleventh day a critical change occurred. She was talking vividly and cheerfully about her daughter, her childlike innocence, the fun they had together in the bathroom, of bathing together, and of the daughter and her father appearing together nude, when suddenly she became horrified and asked with great anxiety whether I approved of that. I gave her a friendly evasive answer and encouraged her to continue, but she remained silent.

The following day she had a severe stomatitis. She appeared to be well satisfied that she could not speak. The stomatitis grew worse during the next few days. Blisters developed upon the tongue, the inflammation extended to the œsophagus and the trachea causing nausea, dyspnœa, and feeding difficulties. The bloody stools became more frequent again, the general condition was critical.

An interpretation of her symptoms and of her behavior was given the patient. It was a reaction to her telling the story of the nude bathing of her daughter with her father. There is a German saying, 'One has burned one's mouth' which means that one has said carelessly something that should not have been said. The patient understood that the present symptom complex had this meaning. It was to prevent further talking and it was a self-punishment; furthermore, she became aware of the contradiction between her rigid morality and her indulgence in the family bathing habits, and she recognized

the fear she had had after she had told the story. Following this discussion the patient again talked freely. A few days later the stomatitis and its complications had entirely disappeared. She told the essential details of her mother's illness and death.

Some inconsistencies in her story led me to ask her some questions. How old was she, when her mother died? Hesitatingly she answered: 'Sixteen', then, on objection, 'twenty-six' (which was true). Sixteen was the present age of her daughter. At another time, in answer to a question about the year of her mother's death, she said after long hesitation: 1913. I objected that that could not be right because in 1913 she was already married. She had completely repressed the date of her mother's death, being able to recollect only the days of the deaths of her parents. 'Doctor', she objected, 'for me my mother is not dead at all; she lives still within me.' After a long meditation the correct year came to her mind: 1905 when she was twenty-six years old. The operation which had caused her premature menopause was mentioned. When was that? Her answer again was 1913. On my contradiction she corrected: 1923. Now, what had occurred in 1913? The birth of her daughter. That year was for her the disastrous year into which she crowded the death of her mother and her operative menopause. Her great ambivalence towards her daughter was revealed in this confusion of dates.

During this conversation she pointed to pictures of her parents on the wall above her bed. She prayed, she said, every night as her mother had taught her and closed her prayer with the words: 'Good night, Father. Good night, Mother.' Below the pictures of her parents there was a picture of the patient herself with her baby daughter on her lap. The baby lay there like a bundle, the mother's face was without any expression, her attitude without any trace of tenderness, quite the reverse of the picture of a madonna.

She continued to have a peculiar difficulty in recollecting the exact date of her mother's death. Finally it came to her mind. It was the 21st of January. Suddenly the patient was horri-

fied. The anniversary was six days past. For the first time in her life she had forgotten the anniversary of her mother's death. It was the twenty-fifth anniversary. She was disconsolate and wailed: 'Mother, Mother, how could you let me forget this day!' It had been on the 21st and 22nd of January that she had talked about her daughter. On the 23d the stomatitis had developed. On the 21st of January, twenty-five years ago, there had taken place the 'hot dog' meal next to the dead body of her mother, probably another determining factor in the development of the stomatitis.

Extreme feelings of guilt accompanied the recall to memory of the mother's illness and death with all details including the 'hot dog' meal, and gradually she became conscious that her illness was a literal duplication of the illness of the mother who lived in her. She said: ' Now I may expect to be redeemed soon.' Her condition became rapidly worse. She resisted food, became very weak, had frequent bloody stools, and later rectal incontinence. The family doctor gave her injections of opiates which she resented strongly, remembering the injections she had given her mother. The only dream she related to me contained a reference to these injections: The right side of her body is covered with water lilies (which are a funeral flower in Germany); between them there are small empty places into which she gets injections. She imitated her dying mother, speaking in a fading voice about her desire for death and redemption. She tied a cloth round her head and chin as her father had done with her dead mother in order to prevent the jaw from dropping. She developed the delusion that I had suggested to her that she was an infanticide. She talked to her husband about a big bottle of morphine which she had emptied. When she became a little aggressive towards me her aversion to food changed into voraciousness; she devoured not only food but even cotton-wool. During this critical stage, her husband went with their daughter to a fancy-dress ball. When they came home in the morning the patient got into a terrible state of excitement, showing the most severe jealousy and hostility towards her daughter. The immediate reaction was a stuporous

state mixed with anxious excitment. She repeatedly cried out 'Mother', she believed me to be her mother's doctor and criticized me for the diet that had been prescribed for her mother. For hours she sang fragments of religious songs, ' God the only one ', ' They beheaded him ', ' They cut him into half . . .'. In this condition she died, three days after the final shock.

This case is a combination of hysteria and depression due to the coexistence of genital repression, fixation, and regression to oral and anal erotic stages of development, and of an excessive and tyrannical superego. The tension of the superego did not allow hysterical conversion symptoms to develop but rather, true organic symptoms which served the depressive impulse to self-destruction. The strong oral libido charged with endopsychic conflict was illustrated by the ' hot dog ' meal and its ambivalent emotional meaning. It is an example of oral introjection in its symbolic cannibalic form as described by Abraham. It probably screened more oral-erotic material. As we know from Freud, Abraham, Ferenczi, Fenichel, Jones, Hárnik, Simmel, and other authors, the tendency to oral introjection of a lost love object leads to identification with it, and is the principle basis of a disposition to depression. The introjection of the mother who constituted her superego, and anal-sadistic tendencies of the early expelling stage to which the patient regressed after severe frustrations in her love life, give form to the depressive disease. The somatic disease resulting in death is a dramatic acting out of the psychic conflict; it is an organic psychosis and an organic suicide in the sense of Karl Menninger. There was no primary organic disease; no physical etiology for the colitis and no pathogenic bacteria could be found; the rectal gonorrhœa had been cured many years before. The illness and the death of the patient can be fully explained only from the psychological point of view.

While the psychoanalytic material is incomplete the psychic conflict can easily be reconstructed. The œdipus complex was not revealed in its original form but was implicit in the patient's

relationship to her husband and her daughter and in her participation in the actual relationship between the girl and her father. She had a father transference to her husband whom she chose after the pattern of her gay and lighthearted father. There was an ambivalent mother transference to the daughter analogous to that which the patient's own mother had had to her when she addressed her daughter as 'Mother'. She did not want to be a mother to her daughter but a child, however in such a way that she, as the mother, could command her daughter to take care of her as if she were a child. Our patient was frustrated in this demand on her daughter who allied herself with her father. The patient herself encouraged this incestuous relationship. Another similarly motivated performance was her sponsoring her husband's contact with a prostitute in order to infect himself with a venereal disease. The sexual relationship with the husband was predominantly a pregenital regressive anal-sadistic one with compensatory reaction formations.

There are several ways of introjecting an œdipal love object lost, or abandoned, through anal-sadistic elimination. In this case the patient's mother was introjected orally, the husband at first anally through the rectal gonorrhœa, then epidermally through the blood transfusion which was one of the precipitating causes of the psychosis.

The œdipus fixation reenacted with husband and daughter was the actual conflict from which the patient could find no way out except by an intensified identification with her mother by which she finally sought reunion with her in illness and death. There were indications of an underlying unconscious hatred towards the beloved mother, though it did not become manifest in the analysis. The whole conflict was regressively introjected and acted out within the organism. The chief organ of expression was the colon. The patient was of an anal constitution, her mother had suffered and died from a colitis. Her own rectum had been attacked by the gonorrhœa acquired from her husband, for which the patient so readily took the blame, obviously in expiation for guilt, punishing herself for her anal-

sadistic and castrating impulses towards the husband. Sadistic and self-punitive strivings were simultaneously satisfied in an illness through which she tormented particularly her husband and her daughter.

There are in this case some ' psychological dates associated with the outbreak of the disease ' in the sense of Felix Deutsch. The illness started exactly twenty-five years after a severe shock when the illness of the patient's mother had culminated and during which the patient nearly had caused her mother's death by giving her an overdose of the morphine. The final crisis in our patient's illness was precipitated by strong feelings of guilt at having forgotten the twenty-fifth anniversary of her mother's death. Recovery from the unconscious of the memory of the meal of 'hot dogs' exactly twenty-five years previous may have been etiological for the stomatitis.

The birth of her daughter had been a severe psychic trauma for this patient. (It is suggested, though not analytically proved, that the frequent stools and the tenesmus meant the acting out of a birth.) With this event the patient lost her state of being a child, which meant to her that she had lost her mother again. The defection of this daughter in favor of the husband caused her to feel that she had lost her mother once more. Through her illness she was taking her mother's place and was entitled to make the same demands on her daughter that her mother made on her, but she was once more disappointed. Duplicating her mother's death she found expiation for her guilt, redemption from suffering, and reunion with the beloved mother in death.

That the analytical treatment could not prevent this end result was because it had come too late. In this elderly woman who, throughout her life, had felt completely frustrated in all her human relationships, who was already seriously ill, and who had regressed to pregenital orality and anality, there was no longer any will to health but only an intense wish to die. The resistances of the patient herself were reenforced by the daughter and the husband and particularly reenforced by the analytic transference. Analysis of the resistances and the transference

could not be accomplished in the short time available and under the unfavorable circumstances.

The transference, after initial difficulties, became rapidly positive, oral, love-demanding. It was a mother transference to the analyst which came into a violent conflict with the old mother bondage and contained the ambivalence of the latter. The patient forgot the rigid morality imposed by her mother when she talked in analysis about the incestuously colored behavior between her daughter and her husband. This was followed directly by stomatitis which was a typical new formation of symptoms in the transference. Then in her new bondage to the analyst she forgot the twenty-fifth anniversary of her mother's death, which had the significance of destroying the old love object. The transference created a new sense of guilt for the patient on a reality basis, and one which could not be worked through thoroughly in the analysis. In so far as it was possible to give her analytical insight, it had a curative influence as in causing the stomatitis to disappear. Principally, however, the analytical insight increased her sense of guilt, her will to self destruction, and her longing for her beloved lost mother whom she desired to meet in death. The transference to the analyst, the promise of a new love, might possibly have led to recovery, if the concomitant hostile emotions could have been sufficiently mobilized and abreacted. However, as this failed, the emotional energies of the conflict could not find an external cathartic discharge but remained directed against the ego in destroying the organs of the body. The positive side of the ambivalence, moreover, brought the patient again nearer to her mother. In this way the positive transference as well served the will to illness, by giving the patient a wish fulfilment. When she became conscious that her illness was a duplication of her mother's illness, she saw the way to follow her in death. A failure from the therapeutic point of view, for the patient it was a desired redemption. It was for her the only way to find libidinal gratification. Death is the condition under which an infantile demand for love towards an introjected love object can be fulfilled and simultaneous sadistic impulses against the

same love object can be satisfied. Death is a solution of the ambivalence conflict.

The question in which way the psychic conflict acts upon the organs of the body can not be answered at present and must be left to future investigation. Today we can only say that hysterical conversion is only one of the ways of expressing a psychic conflict in a kind of 'body-language'. There are deeper conversions which affect not only the functions but also the structure of organs and which apparently come into action, when a strong superego drives the ego into deep pregenital regressions, to a level where psychic and physical functions are less differentiated.

'WHAT MAN HAS MADE OF MAN'

BY GREGORY ZILBOORG (NEW YORK)

I

Mortimer J. Adler [1] is an eager and intense thinker. He is imbued with the spirit of tradition, yet he is keen, dynamic. As a philosopher he tries not to overlook the most important problems which life of today imposes upon man and he could not overlook the influence which psychoanalysis has been exerting on our attitudes towards life and on our thinking for almost a generation.

Invited to state his views on psychoanalysis, Adler presented a course of four lectures at the Chicago Institute for Psychoanalysis. What Man Has Made of Man is this course in book form. It is not a book in the strict sense of the word but rather a collection of voluminous notes from which the lectures were given, plus additional notes. It is difficult to imagine that Professor Adler's lectures were given textually as the notes are written; they undoubtedly were more spontaneous and woven together into a more sequential whole, whereas the book presents one hundred and twenty-three pages of notes and one hundred and twenty-one pages of extensive footnotes—all of which make it difficult reading matter. The thoughts of the author are rich and deep but as presented they are too schematic, too dogmatic, too scattered and therefore confusing at times when they should not be. Adler's thoughts are not confusing but they are couched in a form that is foreign to the reader of today.

The form belongs to a specific past: to that time when

[1] *What Man Has Made of Man, a Study of the Consequences of Platonism and Positivism in Psychology.* By Mortimer J. Adler. New York: Longmans, Green and Co., 1937. 246 pp.

Thomas Aquinas was sitting in his cell reassimilating the thoughts of the Peripatetic Philosopher and trying to reconcile them with the theological tradition of the time, a tradition which was taken aback at first by this new Arabian importation into the dogmatic Christian world of the thirteenth century. The scholar of the day was not a little confused and considerably frightened. To make Aristotle's pagan thought a part of the living philosophy of the church without reducing the dogma even by a shade was the task of Aquinas. He fulfilled it brilliantly and thoroughly and set many wondering minds at rest. Those minds felt a great need to be set at rest, for the thirteenth century was a disquieting century; the grumbling of a new awakening began to make itself felt; what became known some two hundred years later as the Renaissance made its first attempts at self-assertion in the thirteenth century. Emperor Frederick II could easily be compared as to sparkle, social protest, degeneracy, rascality and heresy with the masters of Florence in the days of Michelangelo; Arnald of Villanova, Mundinus, Roger Bacon—all represented a new scientific eagerness in the fields of medicine and philosophy and science. Aquinas' was a contribution of immeasurable merit in that he succeeded in fusing a part of classical thought with the theology of his day and in so doing opened the pathway to new learning, a thing unheard of theretofore in the medieval world. Aquinas proclaimed a principle which he himself followed and he convinced others of its safety. It was truly simple: what is true in philosophy may not be true in theology and *vice versa* and, therefore, the truth or untruth of one should in no way be considered as contradicting the untruth or truth of the other. We owe Aquinas an enormous debt of gratitude. He lent the great authority of his saintliness and scholarship to the ever increasing need of the man of his day to study and learn the newly discovered manuscripts and the newly observed natural phenomena which began to engage the attention of the sullenly dormant medieval culture.

II

This digression from the chief subject of Adler's book is necessary in order to appreciate, first, the form which Adler has given his book and, second, the basic trend of Adler's mode of thinking. He is thoroughly imbued with Aquinas and also with Aristotle as the latter was understood by Aquinas. Adler definitely states in his preface to the lectures: 'Although what follows is written for the most part in the language of the philosophy of Aristotle and St. Thomas Aquinas, it is not "scholasticism" as that word is currently used to suggest necromancy with buried syllogisms', and further 'but what is more important to say to a contemporary audience is that although the truths of traditional philosophy are comparable with the dogmas of a revealed religion—and therefore a man can be a Christian without ceasing to be a philosopher—nevertheless philosophy is not religion. Nor is it sacred theology. St. Thomas is a philosopher in the same sense that Aristotle and Santayana are; the truths of reason are formally established by reason independently of faith even when they are truths in which faith concurs.'

Adler not only knows Aquinas and Aristotle but he wishes to restore Aquinas to the height of unquestionable authority and to bring Aristotle back to us and assign to him, *via* Aquinas, an exclusive place in human thought, even as Aquinas did. As we shall see later, this special place is not so much for the purpose of preserving Aristotle but particularly to ward off Plato who appears to Adler to be man's enemy *par excellence*. A fortress built of the logic of Aristotle and supplied with the heavy artillery of this great master, and cemented by the spiritual strength of Thomistic interrelationships between that which is revealed and that which is reasoned—such a fortress Adler sincerely believes would withstand any onslaught, no matter how violent, on the part of all the hordes of Platonists and positivists, past, present and future.

Adler prepares his ground with a challenge and warning; he puts the word 'scholasticism' in quotation marks and

reminds us of our prejudices and of our unsavory tendency to confuse it with 'necromancy and buried syllogisms'. Adler's suspicion that he might be snowed under by such or similar labels is partly justified; the majority of people dismiss all too lightly and with a sense of unjustified superiority anything and everything that belongs to the Middle Ages. In the same book we are here considering, Alexander who writes a good introduction, shows in the main the same hostility against 'the medieval centuries'. Yet one wonders whether Adler is justified in being so emphatically on the defensive. He again warns in the closing paragraph of his preface against being unfairly misunderstood: 'The citation of Aristotle and St. Thomas in the notes and footnotes is not an appeal to authorities on my part. It does not justify the dismissal of what I have to say as Aristotelian or Thomistic in the utterly absurd sense of a nostalgic return to the dead past.' There is a combative challenge in these warnings which I believe is utterly out of place. Adler, like all of us, has a perfect right to quote authorities and to respect the insights those authorities uncovered to humanity. As the lectures proceed this combativeness gathers momentum; the best and most inspired lines are those devoted to attack rather than exposition. Adler makes frequent references to the present day crisis without being specific. He alludes to some sort of holocaust which seems to drag us remorselessly to perdition and his attacks on Plato, on Darwin and the theory of evolution are brilliant, fiery, intense, scorching. This is not the angelic St. Thomas, talking of the aloof Peripatetic Philosopher. There is something suggestive of the Dominican of the fifteenth century in this fire and temper, as there is something unnecessarily naïve in the exclamation towards the end of the fourth lecture: 'You cannot dismiss what I have said in these lectures by psychoanalyzing me.' That Adler chose to include this exclamation in the published text of the lectures betrays a certain intolerance, or perhaps a contemptuous impatience towards psychoanalysis, despite his repeated proclamation of the greatness of Freud and his contributions to our knowledge of man. Adler

is right that we cannot dismiss what he has to say by contemptuously labeling him a necromancer or syllogist or slave of authority, or by 'psychoanalyzing' him, but it is also impossible fully to evaluate what he has to say without taking into consideration his prejudices and the emotional overtones of which he gives us ample evidence. As a matter of fact, it is absolutely necessary to take these into consideration, for Adler will undoubtedly agree it is no more possible to separate the philosophy from the philosopher than we can separate the thought from the thinker, the deed from the doer, or life from the living thing. References to the temper of a philosopher are not an *argumentum ad personam* but a presentation of the setting, as it were, without which the phenomenon can be only partly understood if at all.

To recapitulate: Adler's attitude is that of protest against modern thought and his protest is openly motivated by a sense of doom—a sort of *Weltuntergangserlebnis* which has always been characteristic of those religious zealots to whom belief, thought, opinion are the very roots of human action. The title of the book demonstrates this attitude: 'What Man Has Made of Man' has no reference to our present day sociological, political or economic crises, but to our philosophical deflections. That thought and opinion might in themselves be the expression of various instinctual forces and therefore determined by a variety of biological circumstances over which reason has no control whatsoever, is either silently dismissed as apostasy or formally rejected as absurdity. No wonder that Freud's theory of instincts is overlooked in these lectures; Adler is not aware of the fact that psychoanalysis without Freud's theory of instincts is even a greater incongruity than the *Summa Theologica,* without Aristotle. Under these circumstances, if the reader is to comprehend Adler, he must restrict himself and his concept of knowledge because Adler's attitude towards knowledge is partly archaic and partly inspired, as it should be, considering his affective premises and his gravitation towards a special tradition. He plainly states this attitude in a reference to Aristotle by saying:

'An Aristotelian finds the history of philosophy embarrassing precisely because he conceives philosophy as *knowledge* and not as progressively enlightened controversy.' As is well known to psychoanalysts, the words, the vocabulary used by an individual, reveal at times the very substance of man's attitude, that is his inner reasoning and logic. One gains the impression that the word 'enlightened' insinuates something more than its formal meaning. A controversy cannot be progressively enlightened in the sense of accumulated revelations, but only in the sense of an accumulated body of factual knowledge viewed from various angles. Such enlightenment is obviously embarrassing to a post-Aquinistic Aristotelian. It is impossible here to enter into any detailed consideration of the epistemological predilections of Professor Adler; suffice it to say that he is very impatient with Freud who says that the 'disaffection and impatience with the achievements of science is the regrettable source from which springs philosophy—the illusory quest for ultimates'. Adler naturally believes that reason is autonomous, that it is independent of passions and yet he admits that psychology unlike any other science has as its subject matter the psychologist himself. The positivist is acceptable as long as he is busy with his descriptive scientific work, but he becomes wrong, nay, dangerous when he denies 'another type of knowledge, namely philosophy which is concerned exclusively with the noumenal order, which explains rather than describes, and which succeeds in knowing the substance and causes of things' (p. 28). Adler would thus wish to make a half-witted empiricist out of the positivist so as to preserve for the traditional philosopher alone the acquisition of and penetration into knowledge. It is clear that the anthropocentric orientation of man, a weakness based on his psycho-biological limitations, is here utilized as a point of departure for that philosophical tradition according to which man is the very center of everything—godlike in fact, and yet ordained to wear the cloak of stark humility. 'There is a specific and essential difference between man and brute animals, animals

lacking an intellect, though having intelligence of a sensitive and imaginative sort' (p. 35). This postulate, no matter how questionable its validity even from a purely philosophical point of view, ultimately leads Adler to a most scathing attack on Darwin and the theory of evolution which he rejects *in toto*. We may add that strangely and characteristically enough, Adler completely overlooks Lamarck and fails to see both the philosophical and scientific affinity between Lamarckism and psychoanalysis. His yardstick of Aristotelian tradition once established, Adler tolerates no other.

His review of the history of psychology is perhaps the best chapter in the book, although its lacunæ are great, but here again they are understandable considering the bias of the man. 'Psychology is the most recent of modern sciences. It became autonomous as a branch of investigative knowledge by revolting from philosophy. To the extent that there can be a scientific psychology, the revolt was fortunate and justified; it was only extremely unfortunate that scientific psychology arose at a time when its basic concepts were derived from the bad philosophical psychology of the 17th and 18th centuries, and when the prevalent positivism made it difficult, if not impossible, for psychologists to understand the relation of their science to the philosophy of man' [anthropocentrism combined with revelation?]. 'If it had been born earlier, it would have had a less tainted heritage and we would have less trouble getting over its present feeble-mindedness' (p. 68).

Adler's adherence to the Aristotelian rejection of the history of philosophy as embarrassing is here obvious. Psychology could not have been born earlier. It had to be born out of an increasing awareness of the value of the individual. It was long to be born, because this awareness was frightfully slow in developing. It took almost two centuries between the time this awareness first began to register formally (Magnus Hundt published his *Anthropologia* in 1501) and the time a psychological approach to man as individual became a legitimate part of scientific endeavor. To Adler history is not

so much a process, an organic growth, as a chain of tradition; that is why he fails to understand the historical meaning and value of iconoclastic rebellions and revolutions—and that is why he is prompted to state: 'In general it is a misfortune to be born in modern times, a period in which each thinker commits the sin of pride, acknowledges no ancestors, rests in no tradition, but insists with consummate egotism upon his complete originality and his complete independence of all prior learning. This is particularly true of psychoanalysis and particularly of its great founder Freud, who is curiously unaware of the tradition to which he belongs as a thinker and a student' (p. 68). Adler persistently overlooks Freud's historico-philosophical relationship to Plato; he feels drawn to some of Freud's thoughts and hence feels the need to acquit Freud to some extent of a suggestion of the sin of Platonism or positivism. And yet Adler himself turns iconoclast of the first order and wishes to obliterate two centuries of thought to prove a point: 'If one were writing the history of psychology as a branch of philosophy and were concerned only to report genuine advances in analysis, everything from the 17th to the 19th centuries could be ignored *without exception*. Even the best writers need not be mentioned because at their best they are only poor statements of what is better found in Aristotle or in St. Thomas' (p. 83). Adler overlooks Descartes, of course, as he will overlook later the chief contributions of Freud exactly on the same ground: they were all made before and better stated by Aristotle and St. Thomas, because the latter's work is an enlargement and perfection of the former's analysis. The whole field of modern psychology seems to Adler rather obnoxious and frightfully erroneous because 'the results of materialism and Platonism are errors in philosophical psychology. The result of positivism is the attempt to construct psychology as purely scientific and as independent of philosophy. This is impossible' (p. 87). The whole mass of material collected by various schools of psychology is easily thrown out of court. The gestalt-psychologists, for instance, 'are sensationalists and psychologists of the

same sort as the behaviorists, denying any essential difference between man and brute animals' (pp. 88–89). The pleonastic expression 'brute animals' is frequently used as the best proof that the psychologist is wrong. 'Inductive sterility' reigns in all modern psychological research. Adler admits two exceptions: psychometrics (sic!) and psychoanalysis. Yet even the recognition of these exceptions does not deter the author from demonstrating that psychoanalysis is really old stuff. It is interesting that of the whole mass of apologists and critics of modern psychologies, he gives more credence to Rudolf Allers, who while following Alfred Adler in Vienna became imbued, like Mortimer J. Adler, with the doctrines which were derived from Thomistic theology.

It is unfortunate that Professor Adler, avid and retentive reader that he is, failed to acquaint himself fully with the psychoanalytic literature. That he is not familiar with the theory of instincts was mentioned above and we find no sign that he knows Freud's Interpretation of Dreams or the libido theory, or the Freudian characterology, or the anthropological foundation of some psychoanalytic concepts. He has read Freud's The Ego and the Id. He did not fully understand it; he is pleased to be corrected by Alexander on a point or two but this does not change his general attitude. Happiness and health are equivalent to one another and he leads himself to believe that psychoanalysis seeks to make people happy. He is not acquainted with Freud's concluding words in his papers on hysteria to the effect that psychoanalysis relieves people of their symptoms and leaves with them the unhappiness which is the lot of man. However, Professor Adler seems to be impressed with Freud's metapsychology rather than with his psychology. It is this metapsychology, which Freud himself calls now 'the witch' and then 'fantasy', that Adler chooses as the truest representation of psychoanalysis and he states: 'The analyst's claim to have discovered a topography, an etiology, dynamics and genetics is not justified'. These discoveries were made by Aristotle. Here the following interpolation: 'The psychoanalytic couch is an

instrument of case-history research, which has discovered many details of human biography hitherto unknown. It stands to biography as the microscope to anatomy or the telescope to astronomy' (p. 102). This statement, despite its incongruity, is cited in order to bring into focus the degree of *displaced* thinking which Adler reaches at times in order to preserve his philosophical position. That the real instrument for the discovery of 'many details of human biography hitherto unknown' is not the couch but that very thing which Adler believes makes men different from the 'brute animal' is naïvely overlooked. True, Galileo could not see the satellites of Saturn without his telescope, but psychoanalysis can see the unconscious of the individual and retrace its typical development without the couch. The unconscious and its work as a real instrument is again overlooked.

Adler proceeds with his task of demolishing psychoanalysis with praise. 'It remains only to show that the scientific evidence assembled by psychoanalysis can do no more than exemplify distinctions already and better known, and that the topographical analysis which psychoanalysts have made of the structural parts, the layers or levels, is at best a repetition of traditional points and at worst a confused or inadequate statement' (p. 103), because 'the structures of the psyche are formally equivalent to the parts or powers of the soul. In neither case is the psyche or soul supposed to exist apart from the body. The Freudian correlates psychic structures with bodily parts; the Aristotelian correlates psychic powers with bodily organs, except in the case of understanding; this difference is of course crucial and is the source of all Freudian errors' (p. 107). In other words whenever Freud unwittingly follows Aristotle he is right, but as soon as he departs from the Greek philosopher, he departs from truth itself. Freud fails 'to make a clear distinction between need and desire in terms of cognitive determination of appetite'—Aristotle and St. Thomas do not. Freudian analysis fails to distinguish between the sensitive and the intellectual preconscious 'sensitive and intellectual habit'—Aristotle does not. 'Freud fails

to understand the identity of reason as knowing and reason as prescribing.' Here we come to the very root of all the objections to Freud: ethics are not taken into consideration with sufficient emphasis. Therefore 'in one important point the Freudian analysis is here correct. The super-ego is related to the id as the practical reason (the reason as moralistic) is to the appetitive part of the soul. The Freudian, however, fails to distinguish the rational appetite from sensuality, the will from passions' (p. 109). This objection to Freud should be carefully noted; as we shall see later, it will help us more than any other single point to understand the true reasons for Adler's opposition. 'The Freudian analysis is bad in so far as it makes the super-ego a function of the id in relation to prevailing social conventions as these are learned by the ego. This reduces morality to mere conformity to the tribal *mores*. From the point of view of Freudian therapy and moral doctrine, this is the worst error in psychological analysis' (pp. 110–111). Following the tradition very closely Adler obviously has to believe that moral values are immutable, congenital, connative. 'The Aristotelian analysis', he says, 'is much more adequate' and in regard to the id, 'Here the Aristotelian and Freudian analyses are about the same, but the Aristotelian is clearer'. Experimental data and conclusions are neatly disregarded by Adler and therefore he fails to see the rather humorous character of his juxtaposition of Freudian and Aristotelian analyses. It goes without saying that Aristotle lacked something more than the psychoanalytic couch to carry out his analysis; he lacked the knowledge which Freud had accumulated, but Adler still insists that 'Psychoanalysis as scientific knowledge would be totally unaffected by the complete elimination of its genetics'. This is as much as to say that psychoanalysis should abandon psychoanalysis, then it will be right. He credits Freud with one discovery only—that of the mechanism of repression.

There is one more quarrel that Adler must settle before he can feel that his argument is complete. He must demolish

the theory of evolution which he feels influenced Freud also and which he incidentally calls 'the doctrine of evolution' or 'the myth of evolution'. The word 'doctrine' is indicative of the fact that Adler himself thinks in terms of dogma, which when properly systematized becomes a doctrine; he apparently does not conceive of a scientific theory which may never be elevated or reduced to being a doctrine. At any rate he does not conceive of this possibility in regard to the theory of evolution. Even a partial acceptance of this possibility would deprive Adler's own doctrine, that of Aristotle as perfected by St. Thomas, of its most emphatic weapon. That is why Adler's attack on the theory of evolution is the most tempestuous of all the attacks he gives vent to in the book. If Platonism and positivism are the *bêtes noires* of true philosophy, the bane of our existence, the theory of evolution is the crassest of all inventions. 'For the most part the wild speculations of Spencer, Haeckel, Schopenhauer and Bergson are now generally discredited both by scientists and philosophers. Yet this is all that Freudian genetics amounts to,—a repetition of these speculations in a form even wilder, if that is possible, than in Spencer, Schopenhauer, Bergson' (p. 117). With all due respect to Adler's erudition, one has to take exception to his extreme self-assurance on this point. A cursory glance at modern physics, chemistry, biology and medicine, and even mathematics, will impress one with the fact that Bergson is far from discarded. But to Adler the theory of evolution and psychoanalysis lacks 'sound moral principles'. 'The argument that I have with psychoanalysts is not with them as psychologists or even as scientists, but with them as uncritical speculators, as bad philosophers. This is the misfortune of their 19th century heritage. To cure them of their superstitions would, of course, take more time than is proper at this place. It could be done by showing them how little there is in the way of strictly scientific evidence to support the popular myth of evolution.' And at length, 'Unfortunately the psychoanalyst is seldom a wise man, because he

is seldom if ever a philosopher. The Freudian conception of a good man as a complete adult is inadequate, because all that ideal involves is normal biological functioning, primarily on the vegetative and social levels. The crucial error in psychology: his failure to understand the nature of intellect and will. . . . He does not recognize that moral principles are based upon speculative truths, that they hold for all men, that they are not relative or changing.' We are thus brought to the striking conclusions that psychoanalysts are not philosophers; that they are poor psychologists and that they reject the doctrine of freedom of the will and revelation and that they have little concern for morality. 'Psychoanalysts are sadistic towards order and reason, they ignore their source in the European tradition.' Which tradition? one asks. The nineteenth century should be definitely rejected because it brought upon us the sin of the theory of evolution. The eighteenth and seventeenth centuries Adler invites us to discard because of their Platonism and positivism. The sixteenth and the fifteenth centuries Adler fails to mention; he does not mention them undoubtedly because they were the centuries of the Reformation and the Renaissance which Adler could not credit with 'sound moral principles'. The fourteenth century is not to be taken into account because it failed to create anything definite: in so far as it preceded the fifteenth, it was heretical and apostatic; in so far as it followed the thirteenth, it merely carried over the values of that century which alone remains to be recognized as the only sound period in the history of human thought. In other words what Adler calls 'the European tradition' is the tradition of a Greek philosopher who emigrated to the domains of the Macedonian General, was reintroduced to us by the Arabs and perfected by a monk born in Italy, who lived to become a kind man, a *doctor angelicus* and the unquestionable spiritual authority of the Dominican Order. The greatness of Thomas Aquinas is in no way disparaged if one does not agree that he is *the* European tradition.

III

The above outline naturally suggests the following question: this being the case, is not What Man Has Made of Man, as far as psychoanalysis is concerned, just another book attacking psychoanalysis passionately but naïvely and therefore does it not deserve nothing more than passing notice, if any? After all, psychoanalysis has been attacked by Catholic and Protestant, Jew and Gentile, physician and layman, sociologist and physicist, mathematician and philosopher, theologian and atheist, capitalist and socialist. One more attack, this time on the part of a Thomistic believer, should hardly appear of any particular moment. From the purely formal point of view, it is true; but Adler's four lectures present a particularly significant and revealing arraignment of psychoanalysis; they lift to some extent the curtain that hangs over the major reasons which dictate the universal affective opposition to psychoanalysis. Whether we live in the twentieth century of the Christian era or the twentieth century B.C., whether we formulate our basic attitudes in the form of philosophies or express them in terms of religious beliefs, we always tend to preserve two specific fantasies that are crystallized in the form of postulates needing no verification and no proof. The fantasies are: first, that intellect, reason, is an independent and exclusive endowment of man which, unless the individual is psychotic, is omnipotent in its penetrative capacity and is right and good; second, that will is another fully autonomous entity, free as a bird and never hampered by the lowly 'brute animal' drives of man. Together, intellect and will work for the good of man and of the world as a whole; together, cemented by the never changeable revealed inner truths of what is good (also postulative in nature) they make man the crown of all creation and bring him ever closer to his God.

This system of postulates is rigid. Its rigidity is in proportion to the anxiety from which it protects us. To modify the system or give it up, man must be able to manage his anxiety in some other way as yet undiscovered by him. Hence he cannot and will not tolerate any science or any body of

empirical fact that wants to study, to investigate the very postulates which are the most solid Chinese wall around man and the securest protection against his (no matter how moderate) understanding of himself. We ought to be truly grateful to Adler for having stated so boldly and so frankly the Thomistic objections to psychoanalysis. For even if these objections sound in the twentieth century as if coming from another world, they are the fundamental objections raised by all, but never with such frankness and never without confusing issues. More than that, they suggest a sociological insight into the psychology of our modern civilization which is as a rule difficult to grasp. In a sense these objections are also a rebellion against something, a rebellious foreboding, behind which lurks some kind of fear; hence frequent references to a crisis the world is going through; hence a sense of oncoming doom. What is the source of this insecurity and anxiety? The answer to this question is to be found in the beliefs in free will and autonomous reason. These two beliefs in themselves are not sufficient of course to harness the ever increasing anxiety. In order to keep anxiety in proper check with the help of these two beliefs, it is necessary, as has been said, to erect the wall of eternal, never changing values, which wall, rather than reason and free will, then keeps our instinctual drives duly repressed. The formula, reason and free will, then imperceptibly becomes: free will within reason, and reason within the rigid limits of the postulates (superego). Relax these limits and anxiety will rear its ugly head. Adler's reproach that in his conception of health and adulthood, Freud does not go beyond the vegetative and social levels, thus becomes more understandable; on these levels properly arrived at, man can truly exercise his reason for practical (ethical) purposes and can truly practice his free will by harmonizing his vegetative needs with his social adaptation. This type of free will appears to Adler frightfully insufficient, for it is not ruled by the extra-social dictatorships of a superego *as such.*

This yearning for the inner dictatorship which is projected to the outside, the unknown, the eternal, is probably the

only thing left for the individual of today who is unable to stand the strain of the democratic ideal of individual self-determination. The Renaissance proclaimed this ideal, but the rapid growth of the complexity of economic relationships resulting from extreme industrialization caught the individual in an emotional trap. The ever increasing opportunities for instinctual expression became hampered, if not imprisoned, by the restrictive pressure of economic and therefore social unfreedom. In other words the promise held out by the Renaissance failed to be fulfilled. Hence a regression to that visionary freedom of will and limitless understanding which characterized the theocratic tradition (this is what Adler means by European tradition) which was so well formulated by Thomas Aquinas towards the close of the thirteenth century. Reason and freedom became autistic, narcissistically fantasied values—the only values available to man under the circumstances. Like everything that is born in the matrix of narcissistic adjustment, these fantasies acquired an unusually great value (they became over-cathected) and became also tinged, if not saturated, with considerable masochism—complete no matter how painful submission to the rigid unchangeable postulates—as a payment for the autistic pleasure. No wonder, then, that this psychological regression, if for some reason it does not follow the actual road back to the mystical theocratic tradition, leads to the appearance of Messianic dictatorships represented by the political and ideological structures of Communism and Fascism.

From the psychological point of view these structures and ideologies are exactly in what Adler would call the European tradition: man's reason and man's will are free and easy within the limits, i.e. under the staggering pressure of an ideal, a series of postulates which present to the followers the immutable, eternal truths which man is supposed to 'know' once and for all. That is the reason why the theocratic Marxian ideology as well as the theocratic ideologies of Fascism do such violent battle to the established church: the coexistence of two or more theocracies is a *contradictio in*

adjecto and in a theocracy there can be but one God, one *Führer,* one *Duce.* That is also why the absolute monarch *had* at first to make an intimate alliance with the church and then become the representative of God on earth. In other words, whatever the physical social structure the immutable postulates take, they are the sole guaranty against man's fear of his own self and the sole guaranty for the preservation of his sense of omnipotence through the autistic glory in the fantasy of free will. To disrupt this psychological structure would be equivalent to regaining the true inner freedom of which he is so afraid. This explains the psychological bankruptcy of Protestantism for it soon degenerated into a theocracy of its own. It also calls to mind the profound insight of Dostoyevsky who in his Great Inquisitor tried to demonstrate the anguish, the horror man would feel if Christ came back to Seville in order to return to man his freedom to create his own rules of conduct and his search for truth. The Cardinal of Seville, as conceived by the paranoid Ivan Karamazov, knew very well that nothing short of a new execution of Christ would save man from his freedom and the anxiety connected with it.

Thus psychoanalysis must be attacked by Aristotelian and Platonist alike, for the attack against psychoanalysis is man's attack against his own potentialities, against the rising tide of his own anxiety.

One need not be impressed by Adler's frequent repetitions that most that is good in Freud was stated more clearly by Aristotle and St. Thomas. To take these statements seriously would mean to acquiesce to the principle that the scholar has as much right to read into books as to read out of them. The adoption of this principle would give us a right to discard Darwin in favor of Anaximander who gave us a neat description of the origin of man from a fish left behind by the receding waters of the sea, and to raise Democritus to the height of the father of modern physics and chemistry. This gravitation towards the past in order to purge one's self from the sin of pride and egotism of modern science,

this denial of the science of today is but another manifestation of that anxiety which is the chief subject matter of psychoanalysis. As long as man would rather flee than study this anxiety, as long as he would rather submit to it in some form instead of attempting to understand it, man is bound to prefer to be anchored in those speculative truths for which Adler has such profound respect. This psychological weakness of man (by no means inevitable, no matter how imperative) may not claim the attribute of virtue merely on account of its universality. Psychologically it is understandable, but to raise it to the ultimate truth as goodness is equivalent to giving up the quest for true knowledge. Man is human not by virtue of not being a 'brute animal' (he is one) but by virtue of his ability to be one self-consciously. The infantile fantasy that he is not one, does not reform him at all. The fact that Adler lacks this insight is obviously responsible for the irreconcilable attitude he assumes towards positivism and 'inductive sterility'. Knowing even the little that psychoanalysis has thus far learned about man, we should not be surprised at the almost universal retrogression to the primitive state of sado-masochistic passivity which Adler unwittingly preaches. Even the originator of positivism, Auguste Comte, reverted to a weird theocratic ideal towards the end of his life. This reversal of himself does not disprove Comte's positivism, it merely demonstrates how fragile is the fiber of man in his struggle against his own anxiety. However, this fragility is as much a phenomenon of nature as any other psychological reaction. The fact that under one guise or another (that is social or political structure, or ideology or a philosophic system like that of Professor Adler) this phenomenon asserts itself in our life today, is merely indicative of another repetitive psycho-biological crisis which psychoanalysis learned to recognize as a part of human living.

To view all this as something that man has made of himself through errors in thinking is to overestimate the weakest and least independent quality of man: mentation. One is tempted to say that What Man Has Made of Man is not a little fright-

ening, for it invites man to absorb all his anxiety as a sponge absorbs water and to live on it with the passivity of a sponge. This is the least creative and the most fatal solution of our practical problem and the most dangerous solution from the standpoint of philosophy which Adler values so highly, for this is a solution leading to autism as an ideal. Autism and dereism never solved a single problem, practical or philosophical; they always lead to deductive sterility.

BOOK REVIEWS

THE AUTOBIOGRAPHY OF A PURPOSE. By William Alanson White. New York: Doubleday Doran & Co., 1938. 273 pp.

Of this volume the author has used a little less than half for a narrative account of his life. The rest of the book is taken up with a description of his major interests and activities. This portion he characterizes as 'the more mature development of the purpose'. In brief this 'purpose' to which he dedicated himself was one of working to help free psychology, consequently psychiatry, from bondage to the sterile materialistic concepts of the nineteenth century and from popular misconceptions, and to gain for it the recognition it should have as one of the biological sciences essential to progress in the study and understanding of the human psyche. The book is written in a simple, yet slightly orotund style. One would almost say that the book could have been written nowhere else than in America.

At the early age of thirty-three, he was made superintendent of St. Elizabeths Hospital in Washington, D. C. This is the United States Government Hospital for mental and nervous disorders. He just previously had had eleven years of service in the Binghamton State Hospital, Binghamton, New York, where he had had a wide experience and somewhat clearly formulated his 'purpose'. In Washington, Dr. White broke new ground in the matter of hospital administration. He freed himself from much of the drag of the narrow, repressive hierarchy of the traditional staff organization, placed his personnel on its own responsibility, and eventually developed a high grade hospital which served as an important psychiatric training center. He had a keen sense for hampering trends and prejudices and opposed them fearlessly, but in a skilful, unoffending fashion. He was eagerly alert for new outlooks and was one of the first of the psychiatrists in this country to recognize and call public attention to the potentialities of psychoanalysis. The translation of many of the objectives of his 'purpose' into serviceable reality, his administrative accomplishments, and his facility for simple formulation of his thought in

speech and writing represent, perhaps, the achievements for which he would wish chiefly to be remembered.

The autobiography will appeal to the lay public, to the general practitioner and student of medicine as an interesting presentation of what a good psychiatric hospital is and of the general nature of mental disorders themselves. The book will appeal to the psychiatrist also, for he will find here a record of many experiences parallel to his own, set down in a very readable form. The author's friends will prize the book as a genial, full length portrait of Dr. White himself.

G. S. AMSDEN (NEW YORK)

THE LIE DETECTOR TEST. By William M. Marston. New York: Richard R. Smith, 1938. 179 pp.

One is of two minds in offering an appraisal of this book by Marston: whether mainly to emphasize the unquestionable fact that in its presentation of dramatic cases and with its insistence on the provable value of lie detection tests in many fields it does carry its theme convincingly, or whether to be vigorously critical of the journalistic tone which is applied to highly important matters in the management of human beings. However it must be confessed that the book, just because of the manner in which it is written, is likely to attract a vastly greater number of readers than is the thoroughly scientific presentation of the same subject by John A. Larson (Lying and Its Detection, a Study of Deception and Deception Tests, University of Chicago Press, 1932).

Is it because Marston has taken to contributing popularized psychology to syndicated newspaper columns that he believes in such a production, or is the New York Daily News writer to whom Marston makes prefatory thanks largely responsible? Anyhow some of the material, such as the story of Adam and Eve, so liberally cited at the beginning of the first two chapters, could be relegated to a Raised Eyebrows Department. Much credit is generously given to God for his 'scientific' solution of the mystery of the hiding and nakedness in the Garden of Eden—'that little detective mystery' that 'has come down to us in all known languages and literatures'! The reviewer may be stupid but he fails to read in the second and third chapters of Genesis any evidence of lying except that Jehovah himself misrepresented

when he said, 'In the day that thou eatest thereof thou shalt surely die'. Then to tell us that 'for centuries—ever since the Middle Ages to be exact—criminals constituted a constant ratio of about 2% of the population all over the civilized globe' until prohibition when the criminal percentage jumped to 25%, does seem to be going a trifle strong on statistics. There is no need to cite other loose statements from the introductory chapters nor the assertions that a Utopia would be at hand if only the lie detector test were used in business, love affairs and personality adjustments. But we are left rather wondering what would be shown by applying the systolic blood pressure technique to the author or authors while cross-questioning them concerning some of the contents of the book; perhaps nothing because, after all, we read that the blood pressure curve is unchanged by honest mistakes.

The revelatory narcissism of the book may perhaps be passed over lightly, but since there is current some little controversy and misunderstanding concerning the originators and the different forms of lie detection apparatus, it is only fair to say that Larson himself rightfully gives credit to Marston for his unique contribution in first developing the idea and practice of lie detection by variations in the blood pressure. Marston's first scientific article on the subject was published in 1917. (Those desiring information about the work of other investigators who have worked on somatic indicators of falsifying, utilizing the polygraph, psychogalvanometer, etc., can readily turn to studies contributed by Larson, Ruckmick, Burt, Keeler, Darrow, and Summers. Marston as well as Larson apparently correctly points out the weaknesses of the scopolamine 'truth serum' test.)

The illustrative cases given by Marston are strongly persuasive, and one can sympathize with his feeling that if the lie detector test had been used extensively in the Hauptmann case a great deal more would have been learned than will probably ever come to light. It seems that much endeavor was made to introduce its use but for various reasons there were many blockings. Apart from the evidence given that there is already a wide application of lie detection testing by progressive police authorities, definitely a humane and scientific substitution for the third degree, and that results of expertly given tests have been accepted in some courts, we learn that the lie detector has entered into

the business and especially the banking field. Some banks are having their employees tested twice a year. The findings, we are told, show that 15% to 33% of all bank employees are guilty of stealing, and now insurance companies offer a 10% discount of bonding premiums to any institution testing all its employees with the lie detector at regular intervals.

It appears that Marston as a psychological consultant has dealt successfully with various types of love problems by means of the lie detector. Self-deceptions and unconscious falsifications become plain. In particular he has been able to discern those with whom his subjects are really in love, although they may have consciously thought otherwise and themselves asserted to the contrary; moreover the truth has been uncovered in cases of marital love lapses. Personality adjustments may be improved by breaking down conscious self-deception. Thus it comes about that the horizons for application of the lie detector test are almost limitless; aspirants for public office might be tested to the advantage of the public weal; marriages may be founded upon the rock of deep affection through facts ascertained by utilization of this technique; and the 'final important prospect for deception test development is its ability to supply a motive for moral education'. Marston states that lectures on the lie detector to parents and children of high school age have proved impressive—evidently because children now may be convinced that they can be caught in lying, but it is not clear that there is any proof of the alleged good results.

In emphasizing the somatic response to falsifying Schilder says in a short preface to Larson's book, 'There now exists proof that conscious moral complications provoke bodily reactions'. He is inclined to believe with Reik that there is a compulsion to confess the truth, our inner heart is never for the lie, but for reality. 'I come to the paradoxical formulation that human beings lie with their consciousness but are truthful with their unconsciousness and when they do not confess with their mouths, then they confess with their body.' But then it may be noted that Schilder's just published work, Psychotherapy, does not mention lie detecting. Perhaps, however, it may be as Marston asserts that the lie detector test can be utilized as a short cut to exploration of complexes in certain instances. In his experience he finds that many a case of repressed ideas and emotions can be explored

by blood pressure investigations 'in a small fraction of the time' that other methods, including psychoanalysis, require. Stating that he is pioneering in this field of attack which affords 'a new and penetrating mind-probe', he grants that the larger areas of the 'underconsciousness' probably cannot be thus uncovered.

In the last chapter the apparatus is described and suggestions are given for its practical application.

As the result of work done by Marston and a number of other investigators in this field, the reviewer is left with the feeling that further research, also in connection with psychoanalytic procedures, is fairly promising.

WILLIAM HEALY (BOSTON)

THE TREATMENT OF SCHIZOPHRENIA INSULIN SHOCK—CARDIAZOL SLEEP TREATMENT. The American Journal of Psychiatry. Vol. 94. May, 1938. Supplement. Proceedings of the 89th Meeting of the Swiss Psychiatric Association at Münsingen, Berne, May 29–31, 1937.

This volume, besides being of the greatest value as a survey of the present status of physical treatment of schizophrenia, is extremely interesting from the viewpoint of the history of medicine and psychiatry.

In the Middle Ages shock treatments were used rather indiscriminately for mental disorders, for example spinning the patient on a stool, or dropping him from a trapdoor into water and letting him nearly drown. But medicine and psychiatry were not sufficiently advanced at that time to study the physiological and psychological effects of this treatment. Now a variety of shock treatments are used, all of them severe biological assaults. Although concerned mostly with insulin and cardiazol, the report includes papers on the use of prolonged sleep, of frontal lobotomy, and on animal experiments with electric shocks. The variety of procedures seems to speak against specificity in their effects.

M. Müller's opening paper includes a presentation of the problem in broad perspective. On page 19, he states 'These problems lie in the most diverse fields and interest alike physiologists, internists, neurologists, psychiatrists, and psychologists. This is the most outstanding and fascinating part of the new method of treatment. . . . These findings should stand as a warning not to approach the problem from one side only. Neither

the endocrine phase of the treatment, nor brain pathology, nor the question of convulsions, nor the soothing, quieting effect, nor failing consciousness, nor the potent psychic shock in which the patient is led up to the door of death, is alone sufficient to solve our problems. Nothing less than a careful consideration of all the factors, clinical, endocrine, and psychopathological, may some day bring us a step nearer to our goal. Possibly such a comprehensive investigation will yield us not only insight into the dynamics of our therapy, but also some basic conclusions about the essence and pathogenesis of schizophrenia.'

This attitude is shared by a number of the authors, while others despite the contributions of Freud and of Adolf Meyer, lack the biological point of view and approach the problems from rigid habits of thought such as impersonal disease entities, exclusive and specific physiological processes and a mind-body dichotomy which is based on a non-biological conception of psychic processes. The appearance of these three characteristic trends of thought in this report is a clear example of how traditions of thinking of the greatest productiveness affect and even restrict later thinking on scientific problems—a cultural lag in science, unperceived by workers who are too saturated with older attitudes. Thus some of the authors regard the patient as a biological individual driven by intense impulses and emotions, reacting powerfully to other persons with loves, hates, fears, demands, rages, while many neglect these personal factors in the search for impersonal details of pathological physiology. Not that the impersonal processes must not be fully investigated and may not contain the answer, but the neglect of the personal factors limits the fruitfulness of the work. As a single example, the neglect of the personal factor has led to inadequate controls. Thus Jenny states 'If someone would treat selected cases with as great effort, and let the patients see and feel this effort, and with as penetrating sympathy, but omit the insulin or any other drug, he might meet with some agreeable surprises. I am very glad to be the one whose lot it was to test these conjectures for their factual content and to bring out proofs for the hypotheses.'

Some of the physiological and neurological theories advanced to explain the results without regard to the biological and psychological situation, remind one of the analogy of trying to explain the weeping of a child who has lost its mother, from a

detailed study of osmotic conditions in the lacrimal glands. Like the near-drowning of the Middle Ages, frankly cruel procedures are again in the foreground of psychiatric treatment. (Why this should be so is an interesting historical problem.) It would seem that the rôle of this brutality including its relation to shock, fear, sanity, punishment, masochism, and so on, was the central problem. The investigation of it may lead to a significantly increased knowledge of the rôle of destructiveness in biology and in man's relations with man. This phase of the problem is not neglected in the report. The recent advances in psycho-biological thinking as well as the defects and limitations of the older mechanistic approach are clearly exemplified in this cross-section of modern psychiatric thought.

LEON J. SAUL (CHICAGO)

MARITAL LOVE—ITS WISE DELIGHTS. SCORTATORY LOVE—ITS INSANE PLEASURES. By Emanuel Swedenborg—First Published in Latin at Amsterdam, 1768. Translated by William Frederic Wunch. New York: Swedenborg Publishing Co., 1938. 686 pp.

CHRISTIANITY AND SEX. By Richard Cabot, M.D. New York: The Macmillan Co., 1938. 78 pp.

SEX SATISFACTION AND HAPPY MARRIAGE. By the Rev. Alfred Henry Tyrer. New York: Emerson Books Inc., 1938. 160 pp.

Throughout the ages, sex—its sins and joys—has been one of the major preoccupations of the christian church. Its place, rights, and limitations have been precisely defined, time after time and by sect after sect, beginning with Saint Paul's famous edict: 'But if they cannot contain, let them marry, for it is better to marry than to burn'.

The books here reviewed form an interesting group. The authors, an eighteenth century mystic, a modern Anglican clergyman and a prominent physician of today, present unusual contrasts.

The author of Marital Love, here presented in a new translation, is the famous Emanuel Swedenborg, eighteenth century scientist, scholar, and founder of the Swedenborgian church. In his early life a brilliant physicist, mining expert, inventor and anatomist, after middle age he became a student and teacher of

ethical and mystical concepts. He claimed to be in direct contact with God from whom he received communications during trance-like states which often lasted for days. During such times he could be heard carrying on lively conversations with God and His angels. Marital Love—its Wise Delights, among his numerous later writings, was written at the age of eighty. Swedenborg, a single man until his death, extols the joys of married love in the most ecstatic terms—its rarity, its bliss, its perfection to be found only in heaven. The beatific descriptions of love in heaven, which he found in his trances, are vividly reminiscent of the sensuo-spiritual visions of the medieval monks and nuns vowed to lifelong abstinence. It is the constant absorption in sexual fantasy of one who denies himself any sexual life in reality. Although four-fifths of the book are devoted to marital love and its delights and one-fifth to scortatory love and its insane pleasures, the entire book is, in reality, a discussion of the differences between earthly, sexual, scortatory love and heavenly, spiritual, marital love. It is true that Swedenborg insists that sexual love is part of marital love but his entire emphasis is on its spirituality. As Emerson has said so well, in paraphrasing Swedenborg, 'I am repelled if you fix your eye on me and demand love. In fact, in the spiritual world, we change places every minute.' (Man assumes a woman's qualities and a woman the man's.)

Swedenborg's life is of great interest from the psychological standpoint. Coming from a family with a neurotic and psychotic background, his childhood is described as disturbed by trances and a deep preoccupation with religion. From ten to fifty-six he was outwardly a normally active man with great ability and abundant and varied interests. As far as we know he led a completely celibate life. At fifty-six he had an acute manic attack, characterized by delusions of being the Messiah, was tempted by sexual, evil spirits and had suicidal impulses. He made an outward recovery but suffered the remainder of his life from the hallucinations on which his mystical books were founded. His attitude toward sex is, indeed, similar to that of a child. As Emerson says, 'it is a child clinging to his toy; an attempt to eternalize the fireside and nuptial chamber'. He had on the one hand, a keen interest in sex and on the other, a deep seated fear, and attempted to deny its existence by saying that man and woman are one and the same,

that they form a whole and that, even in heaven, physical love is unimportant.

Let us turn from the eighteenth century psychotic to an eminent physician of today. Dr. Richard Cabot's little volume is, indeed, an astounding one to come from the pen of a modern medical man. One finishes the last page with the feeling of having closed a dusty volume by a medieval churchman. His concern for 'chastity—the guidance and inspiration of a consecrating affection', his insistence on discipline as the only method of handling the sexual emotions, his contempt for the idea that continence can be unhealthy for anyone, and the necessity for controlling the imagination by concentration, all smack of the teachings of the medieval priesthood. His philosophy of sex and life is expressed concisely in a brief sentence: 'It seems to me that the Christian law is that human beings are made to be perpetually unsatisfied and ought to be so'. He states, later: 'So far as I know nothing has been discovered in the last quarter century that throws any light on the duties of men and women in their relations to each other. Contraception and venereal prophylaxis may turn out to be blessings or curses or neither.' He refers briefly to Freud stating that there is no freudian ethics (his only interest in human relations is an ethical one) but that an Ethical system might be founded on the conflict between the Reality and the Pleasure Principles!

We come with relief to the third book in our group and find a compact little volume which discusses quite frankly and adequately the sexual problems of marriage. In a clear and liberal manner its author, the Rev. Alfred Henry Tyrer, emphasizes the serious results of extreme sexual repression and makes clear to his religious readers, for whom the book is intended, 'that in millions of cases the attitude of reticence and taboo in regard to it [sex] has been a source of infinite sorrow and suffering'. In every way the book is direct, simple and wise, and gives excellent and sane advice about anatomy, physiology, contraception, intercourse and mild sexual disturbances. Occasionally there is erroneous information, for example that a woman's orgasm centers in her clitoris, but in general the book could not be better for its purpose, and because of the specialized public for which it is intended should have a far reaching influence on an audience usually difficult to reach.

SUSANNA S. HAIGH (NEW YORK)

A BIOLOGICAL APPROACH TO THE PROBLEM OF ABNORMAL BEHAVIOR. By Milton Harrington, M.D. Lancaster, Pa.: The Science Press Printing Company, 1938. 459 pp.

This is a long book, and a tedious one. Those who have read Dr. Harrington's earlier book [1] will miss here the quality of high writing with which he conducted that *auto-da-fé* of psychoanalysis; for here he has set out upon the arduous task of fulfilling his promise to provide an alternative to psychoanalysis, a task necessarily endowed with less pungency and glow than his earlier one, besides being somewhat more clinically exacting.

The book is divided into three parts. In Part I, First Principles, the author disposes of the problem of consciousness by assigning to it the rôle of an ineffectual epiphenomenon. By comparing the human organism with the automobile (a favorite and most belabored analogy) and likening consciousness to the sounds issuing from the motor and the readings of the various gauges, the author finds it unutterably silly to waste time in studying the latter group of epiphenomena when one has merely to lift the hood and confront the real mechanism.

What is our disappointment in Part II, Psycho-physiology, when our author, having lifted the hood with a flourish, begins to complain that he cannot get his head inside, that the darkness renders visibility well nigh impossible, that his attempts at exploration are further hampered by the heavy mittens he must wear, and that, in short, he cannot make head or tail of the business under such trying conditions. At this point one is impelled feebly to suggest that it might be profitable to study the dashboard indicators and listen to the purring of the motor while waiting for the surrounding darkness to lift. But the author, nothing daunted, refuses still to occupy himself with epiphenomena. Reasserting his faith that there *must* be something going on under that hood, and warmed by another round of poxes on psychoanalysis, he sets forth boldly in the hope, presumably, that if he just takes one thing at a time and starts talking anyway, something might come of it.

By this time, of course, our gloomiest suspicions are confirmed: the darkness stubbornly refuses to be scared away by Dr. Harrington's 'biological' brayings. The Psycho-physiology, as it turns out, is a barefaced rehash of McDougall, William James and John B.

[1] Harrington, Milton: *Wish-Hunting in the Unconscious: An Analysis of Psychoanalysis.* New York: The Macmillan Company, 1934.

Watson, with the 'new' biological trimmings supplied by a good deal of dull, repetitious talk about receptors (R_1, R_2, R_3 . . .) and effectors (E_1, E_2, E_3 . . .) accompanied, to be sure, by an appropriate number of diagrams of the telephone switchboard variety. This goes on for over two hundred pages, but we are constantly lulled by assurances that once these simple mechanistic premises are laid down, there will really be no trouble thereafter in understanding any of the facts of human behavior. Just how successful the author is with this syllogistic approach to the problem of human behavior can be judged from his illuminating, if somewhat sweeping, treatment of the emotions. 'According to our point of view', writes Dr. Harrington, 'emotions and desires are manifestations of bodily action, and when we inhibit or suppress these forms of bodily action, what we do is to cut off the stimuli responsible for them so that the action ceases. A suppressed emotion or desire, according to our way of thinking, therefore, is not in the "unconscious". It is not anywhere. It has ceased to be, and being nonexistent, it cannot give rise to mental disorder or exert any effect upon us of any sort.' (p. 150) The author then makes a temporary digression from the question of mechanisms and, by a process of free association, arrives at the one of values where he lets the cat out of the lobby by assuring us that in any question of emotions, *what* one believes is 'of great social and ethical significance, the psychoanalytic theory tending to place a premium upon self-indulgence, and the biological theory, affording an apology for the old out-moded virtue of self control' (p. 151). It does not come as such a shock therefore, when, in the wake of this credo, we learn later about 'an innate sense of modesty' and other similar engine parts which from time to time protrude immodestly from somewhere under the hood.

Having cleanly disposed of the problem of the normal, the author now turns to the abnormal in Part III, Psychopathology. We are ushered into our long awaited promised land with the following pronouncement: 'Looking at the matter from our viewpoint, all unsatisfactory forms of behaviour are, broadly speaking, to be attributed to one and the same cause. They are all due to the fact that the mechanism of behaviour is not functioning satisfactorily, and the object of our inquiry in any particular case must be to find out why this mechanism is not functioning as it should and what is to be done about it.' (p. 288) After having been con-

ducted thus to the very root of the matter, we are not surprised to find that neurotic individuals 'are suffering from a qualitative abnormality of impulsion' (p. 316), and those with systematized delusions from 'hedonic distortion' (p. 422). Why not? If a normal individual has a qualitative normality of impulsion, a maladjusted individual must have a qualitative abnormality of impulsion. It is all very simple once you get the hang of it. Another form of maladjustment is called 'disabling the machine'. That is the form that the alcoholics and drug addicts are given to. As for the problem of suicide, we have the following: 'Here, however, instead of a temporary or partial disablement, we have a complete destruction of the mechanism of behaviour, as a result of which it forever ceases to be affected by those stimuli which give rise to dissatisfaction and pain.' (p. 426) These few lines comprise all we are to hear of suicide or suicidal impulses in Dr. Harrington's psychopathology.

One wonders whether it is not the extreme paucity of actual clinical material which helps to render the book so vacuous. In the entire section on psychopathology there are only a scant half dozen cases which the author cites out of his own experience, and only one of these is accorded a description of more than a sentence or two. For the most part the book is overloaded with hypothetical material of the take-for-example-the-case-of-the-man-who variety, where the author is at no great pains to remain within the realm of plausibility. Perhaps the citation of actual material brings him too uncomfortably close to the brink of insight, as in the case he cites to demonstrate that 'failure to cut off sexual stimuli' is one of the most serious causes of the loss of mental efficiency. 'I call to mind, for example, the case of an extremely clever and ambitious young woman, working her way through college, who confessed that at times the demands of sex were so strong, the thoughts which it called forth so obsessive, that she was quite unable to fix her mind upon her studies and would go out and walk the streets for hours in an effort to find relief.' (p. 379) A few more citations of this sort would at least have endowed the book with a certain piquancy.

This book should be required reading for those wishing to orient themselves in the subject of current confusions in medical psychology. Beyond that, there is nothing to recommend it. It is just another inkpot thrown at the devil—psychoanalysis.

JULE EISENBUD (NEW YORK)

THE MARGINAL MAN. A Study in Personality and Culture Conflict. By Everett V. Stonequist. New York: Charles Scribner's Sons, 1938. 222 pp.

The spread throughout the world of European dominance has brought European blood and European culture into contact with other peoples. Although improved means of transportation and communication may foreshadow the disruption of boundaries, the world today is still organized on the basis of nationalities and races, real or fictitious. The contacts between races and between nationalities have resulted in individuals who are not completely identified with one of the two or more neighboring groups or cultures, but who are on the margin between them. This is the concept of the 'marginal man' formulated by Robert Park and studied in the present volume.

The book first surveys seven examples of racial hybrids—the Mulattoes of the United States, who can not satisfactorily identify with the blacks or the whites, the Anglo-Indians of India, the Cape Colored of South Africa, the Colored People of Jamaica, the Indo-Europeans of Java, the Part Hawaiians, and the Métis of Brazil. The cultural hybrids are then considered. Eight examples are given including Denationalized Europeans, Jews, First and Second Generation Immigrants, American Negroes, Europeanized Africans and Western Orientals. Autobiographies and case histories provide a basis for abstracting the life cycle and personality trends of these individuals in all parts of the world—their shocks at first discovering that they are different from others and in first encountering prejudice, their period of conflict, their efforts to escape the discriminations and antagonisms against them as members of the minority or subject group, and their efforts to share the advantages of membership in the group which is in power. Stonequist finds that the 'duality of cultures produces a duality of personality—a divided self. It is the fact of cultural duality which is the determining influence in the life of the marginal man.' Some relinquish attempts to identify with the dominant group and may become leaders of their own group, and even become extreme nationalists. Perhaps because of this social conflict situation, many great names of history are those of marginal men. Napoleon was a Corsican, Kosciusko the national hero of Poland was Lithuanian, Kossuth the Hungarian patriot was a Slovak, to mention but a few.

Special sociological interest attaches to the marginal man for

'he is the key personality in the contacts of cultures. It is in his mind that cultures come together, conflict, and eventually work out some kind of mutual adjustment and interpenetration. He is the crucible of cultural fusion. . . . His practical efforts . . . to solve his own problem lead him consciously or unconsciously to change the situation itself. . . . the life histories of marginal men offer the most significant material for the analysis of the cultural process as it springs from the contacts of social groups.'

The book presents a broad, objective, sympathetic, descriptive survey of the topic, with references to historical and sociological works and to human documents. The book is written by a sociologist and is primarily concerned with the sociological problem. But little attempt is therefore made to delve deeper than the obvious external reasons for the conflicts of these individuals who live in two worlds. Stonequist is concerned with the common factors in the psychology of the marginal man and not with the individual differences. However, he presents source material and depicts a personality type which could be fruitfully investigated psychoanalytically by one interested in applying this approach to a study of the deeper psychology of the marginal man and in contributing to the understanding of this important sociological and psychological problem.

LEON J. SAUL (CHICAGO)

AN INTRODUCTION TO THE FIELDS OF PSYCHOLOGY. By Emily S. Dexter and Katharine T. Omwake. New York: Prentice-Hall, Inc., 1938. 226 pp.

It seems the aim of this book is to be useful to undergraduate students in making a decision whether or not to go into the field of psychology as a vocation. Its authors have selected certain data from the broad field of psychology and attempted to describe and classify it in a way which will avoid confusion to students. It is doubtful whether they have succeeded. The divisions they have chosen are open to question. Some of the illustrations used to describe various schools of thought have resulted in rather a patchwork picture. The result of bringing together this scattered material from many sources is, of course, superficial but the authors frankly state they do not pretend to go deeply into the

subject. It would be interesting to know what an undergraduate without previous reading in psychology would get from it. The book probably has grown out of an expressed and clearly felt need at the authors' college. It may bridge a gap between the popular books on the subject and the heavy academic textbooks, and the suggested reading references at the end of each chapter are useful. The authors claim for psychology the status of a science (p. 1), yet they say that psychoanalysis 'does not aim to be science . . . it should logically be classified as a branch of parapsychology' (p. 32). Pages thirty-one to thirty-eight are devoted to a description of psychoanalysis.

ELISABETH BROCKETT BECH (CEDAR GROVE, N. J.)

OUR CHILDREN IN A CHANGING WORLD. An Outline of Practical Guidance. By Erwin Wexberg, M.D. with Henry Fritsch. New York: The Macmillan Co., 1938. 232 pp.

The purpose of this book as stated in the introduction is to provide 'parents and teachers with a concise review of the most common problems of childhood development, and of their solution by modern educational psychology'. It is an exposition of the concepts of individual psychology since, according to the authors, 'this science has produced the most satisfactory results wherever its principles have been applied to the problems of childhood development'. The first half of the volume is designated as general problems, in which is expounded Alfred Adler's theory of an 'inferiority feeling' as the exclusive cause of neurotic and behavior difficulties. The various factors responsible for the development of this feeling of inferiority are discussed in terms of the family constellation, that is, the inferiority feeling of the only child, of the oldest child, of the middle child, and of the youngest child. Organ inferiority, Adler's first thesis, returns in this book as one of the etiological factors in the production of inferiority feeling, although it is neglected in the discussion of the mentally retarded children when the authors state that one should 'treat them as though they were mentally of normal intelligence, but discouraged and backward only in their training'. Certain general child guidance concepts also find their way into the content of the division on general problems where the authors discuss the harmful effects of overly strict discipline, overprotectiveness, nagging, rejection and so forth, but these parental atti-

tudes are considered as dangerous only in so far as they may be responsible for producing inferiority feelings in the child.

The influence of social and economic conditions in the production of an inferiority feeling is discussed at some length by the authors. Because of the marked economic inequalities of society the underprivileged child suffers deeply from material deprivation which places him in an inferior position to the more privileged person, while the overprivileged child suffers from pampering which makes him weak and dependent, and therefore inferior.

In the second part of the book, a few special problems which children present are outlined and exemplified by case histories and treatment methods. The bad or criminal child behaves as he does because 'of the feeling of impotence which the experience of having to endure a pain has given him'; stealing is a result of a lack of social feeling; lying is to evade reality and to escape into a feeling of superiority; fears are attention-getting methods to gain parental attention and through this a feeling of superiority, and so on, for all other childhood emotional ills. One is struck throughout by the seemingly naïve attempt to fit each child into the procrustean bed of inferiority feeling and its consequent wish for superiority, with no awareness of the underlying conflicting emotions within a child nor even a curiosity as to the reasons for the choice of symptom which the child presents.

In the final thirty pages of the book the authors offer suggestions for 'education and corrective measures', which should be valuable for parents and teachers since the suggestions are the practical common sense training methods which have long been used and found valid by progressive educators and psychiatrists, and indicate an intuitive understanding of childhood needs, in spite of the theoretical rigidity of the authors.

MARGARET W. GERARD (CHICAGO)

EAT AND KEEP FIT. By Jacob Buckstein, M.D. New York: Emerson Books Inc., 1938. 128 pp.

The author states his thesis in the opening chapter when he says: 'In the following pages will be unfolded the story of our daily diet, the part it plays in the construction of our marvelous machine and its rôle in the improvement of physical and mental fitness' (p. 10).

The first of the book deals with food factors of a well balanced diet, cell structure, vital elements in nutrition, measurement of energy, caloric determination and basal metabolism, all elucidated simply and understandably for a patient of average intelligence. There follows a discussion of the three basic foods, of vitamins and minerals. At the close there is well founded advice on how to regulate weight, together with suitable dietary instruction. It is the author's intent that diet be supervised by a medical advisor.

In Chapter X entitled How Emotions Influence Digestion, the author states 'That mental factors impair or heighten our digestive faculties has long been recognized' (p. 63). He proceeds to an historical sketch of such scientific data as given in the study of Alexis St. Martin, the rôle of fear, anger and nervousness as illustrated by Dr. Cannon's work on animals and similar instances of other observers. The importance of æsthetic values and social amenities are mentioned. That there are many unconscious fears, anxieties and fixations, preventing the normal attainment and utilization of food is not suggested, yet the clinician is constantly dealing with such manifestations.

Chapter XII, Facts and Fancies about Foods, is written from the point of view of the medical man versus the charlatan. The author berates those who 'through ignorance, eccentricity and commercialism have fostered the most mischievous, half-baked and ridiculous ideas' (p. 73). He evaluates the 'delusions' about improper food combinations and vegetarianism, the misconceptions regarding meat eating and the claims of fasting. Happily, in so doing he adds no new notions. There is, however, no intimation that people fall an easy prey to food fads because these meet an emotional need. Perhaps this is to say that many of the patients who need this information are not emotionally capable of accepting it.

This is nevertheless a very usable guide for physicians handling dietary problems, and for many, the convictions and enthusiasm of the author may prove a starting point toward 'a more secure foundation for the preservation of health' (p. 9).

KATHARINE BUTLER (NEW YORK)

CURRENT PSYCHOANALYTIC LITERATURE

The International Journal of Psycho-Analysis, Vol. XIX, Part 2, April 1938.

PAUL FEDERN: The Undirected Function in the Central Nervous System. A Question Put to Physiology by Psychology.

M. BÁLINT: Eros and Aphrodite.

MARIE BONAPARTE: Some Palæobiological and Biophysical Reflections.

Vol. XIX, Part 3, July 1938.

SIGMUND FREUD: Moses an Egyptian.

CLARA THOMPSON: Development of Awareness of Transference in a Markedly Detached Personality.

MELITTA SCHMIDEBERG: The Mode of Operation of Psychoanalytic Therapy.

LUDWIG EIDELBERG: Pseudo-identification.

OTTO ISAKOWER: A Contribution to the Patho-psychology of Phenomena Associated with Falling Asleep.

Revue Française de Psychanalyse. Vol. X, Number 2, 1938.

S. NACHT: Le Masochisme *(Masochism).*

R. LOEWENSTEIN: L'Origine du Masochisme et la théorie des pulsions *(The Origin of Masochism and the Theory of Instincts).*

R. DE SAUSSURE: Le Miracle grec, 2e partie *(The Greek Miracle, 2d part).*

The Psychoanalytic Review. Vol. XXV, Number 3, July 1938.

HERMAN NUNBERG: Psychological Interrelations Between Physician and Patient.

Psychiatry. Vol. I, Number 2, May 1938.

LUCILE DOOLEY: The Genesis of Psychological Sex Differences.

CLARA THOMPSON: Notes on the Psychoanalytic Significance of the Choice of Analyst.

Archives of Neurology and Psychiatry Vol. XXXIX, Number 4, April 1938.

HENRY HARPER HART: Bad Taste (Cacogeusia).

American Journal of Psychiatry. Vol. XCIV, Number 6, May 1938.

ERNEST E. HADLEY: The Psychoanalytic Clarification of Personality Types.

The American Journal of Orthopsychiatry. Vol. VIII, Number 2, April 1938.

JACOB GOLDSTEIN: Mechanism and Psychoanalytic Theory.

The Journal of Nervous and Mental Disease. Vol. LXXXVII, Number 5, May 1938.

PAUL SCHILDER: The Psychological Effect of Benzedrine Sulphate.

Vol. LXXXVII, Number 6, June 1938.

MERRILL MOORE: Morton Prince, M.D., 1854–1929.

Vol. LXXXVIII, Number 1, July 1938.

FRITZ WITTELS: The Phenomenon of Transference in a Case of Phobia.

Bulletin of the Menninger Clinic. Vol. II, Number 3, April 1938.

KARL A. MENNINGER: Emotional Factors in Hypertension.

Vol. II, Number 4, July 1938.

WILLIAM C. MENNINGER: The Treatment of Chronic Alcohol Addiction.

NATHAN W. ACKERMAN: Paranoid State with Delusions of Injury by 'Black Magic'.

The Family. Vol. XIX, Number 5, July 1938.

LEWIS B. HILL: A Contribution from Psychology to the Understanding of Family Life Today.

Medical Times. Vol. LXVI, Number 7, July 1938.

MAX HUHNER: Mistakes by Psychoanalysts in Sexual Disorders.

Vol. LXVI, Number 8, August 1938.

Mistakes by Psychoanalysts in Sexual Disorders (concluded).

The Psychiatric Quarterly. Vol. XII, Number 2, April 1938.

BENJAMIN POLLACK: A Study of the Problem of Suicide.

Archivio Generale di Neurologia, Psichiatria e Psicoanalisi. Vol. XIX, Number 1, 1938.

M. CRIARÀ: Il Sogno come elemento diagnostico del tipo caratterologico *(The Dream as a Diagnostic Element of the Characterological Type).*

The Journal of Mental Science. Vol. LXXXIV, Number 349, March 1938.

ERICH WITTKOWER: Studies in Hay-fever Patients (The Allergic personality).

Journal of Medicine. Vol. XIX, Number 4, June 1938.

MAURICE LEVINE: Notes on the Psychopathology of Suspicions of Marital Infidelity.

Calcutta Medical Journal. Vol. XXXIV, Number 2, August 1938.

G. BOSE: Ambivalence.

Zeitschrift fur Psychoanalyse (Tokyo, Japan). Vol. VI, Number 3-4, May-June 1938.

RIKITARO TAKMIZU: Schwannmädchensagen und Virginitätsproblem *(Swan Maiden Legends and the Problem of Virginity).*

TADAYA TAKEDA: Literaturwissenschaft und Psychoanalyse *(Philosophy of Literature and Psychoanalysis).*

TOMOHIDE IWAKURA: Psychosexuelle Analyse von Shakespeares 'Sonetten' *(Psychosexual Analysis of Shakespeare's 'Sonnets').*

KENJI OHTSKI: Virginitätsproblem im Roman 'Die jungen Leute' *(The Problem of Virginity in the Novel 'The Young People').*

EIITI NOBUSIMA: Ideologie als Abwehr *(Ideology as a Defense).*

FUROSEN-IN: Kastrierte Frau als Teufel *(The Castrated Woman as the Devil).*

Vol. VI, Number 5-6, July-August 1938.

Schicksal von Prof. Sigm. Freud *(The Fate of Prof. Sigmund Freud).*

NOTES

THE BOSTON PSYCHOANALYTIC INSTITUTE announces three Sigmund Freud Fellowships in Psychoanalytic Training, to begin September, 1939. The fellowships are open to graduates of a Class A medical school who have had at least one year general hospital training, and two years' work in psychiatry. Applications must be in before February 1, 1939. For further information, write to Dr. M. Ralph Kaufman, Chairman of the Educational Committee, 82 Marlborough Street, Boston, Massachusetts.

THE WASHINGTON-BALTIMORE PSYCHOANALYTIC SOCIETY will meet at the Shoreham Hotel, Washington, at 8 P.M. on Saturday, October eighth. Dr. Adolph Stern of New York will address the meeting on 'Psychoanalytic Therapy in Borderline Cases'. The first meeting of the Seminar on 'The Locus of Problems' will be at 5 o'clock.

THE NEW YORK PSYCHOANALYTIC INSTITUTE. The Professional School of the Institute offers the following courses of instruction for the academic year 1938–1939.

Theoretical Instruction.

1. *Seminar on the Study of Freud's Case Histories: Dr. Phyllis Greenacre, 15 sessions; Fridays, beginning September 30, 1938.
2. *Seminar on the Study of Freud's Writings on Technique: Dr. George E. Daniels, 8 sessions; Fridays, beginning March, 1939.
3. *Seminar on the Discussion of the Material of Required Reading: Section I—Dr. Adolph Stern, 6 sessions; Wednesdays, beginning October 5, 1938.
   *Seminar on the Discussion of the Material of Required Reading: Section II—Dr. Clara Thompson, 6 sessions; Wednesdays, beginning October 5, 1938.
4. *Special Psychopathology of the Neuroses and Psychoses: Dr. Sandor Rado, 12 lectures; Mondays, beginning October 3, 1938—8 P.M. to 9 P.M.
5. *Indications, Contra-Indications and Technique of Psychoanalytic Therapy: Dr. Bertram D. Lewin, 8 seminar sessions; Wednesdays, beginning April, 1939.
6. *Critical Review of the Development of Psychoanalysis: Dr. Abraham Kardiner, 12 seminar sessions; Wednesdays, beginning December, 1938.
7. Seminar on the Comparative Study of Cultures: Dr. Abraham Kardiner, 12 sessions; Fridays, beginning April, 1939.
8. The Rorschach Test: Dr. Emil Oberholzer (by invitation).
   a. Introduction to the Theory of the Rorschach Test: 8 lectures; Thursdays, October to December.

b. Practical Application of the Rorschach Test: 8 seminar sessions; Thursdays, January to March.

9. The Psychoanalytic Approach to Organic Disease: Dr. Robert Fliess, 5 lectures; Thursdays, beginning April, 1939.

Clinical Conferences

1. *Clinical Conferences with Dr. Sandor Rado, 12 sessions; Mondays, beginning October 3, 1938—9 P.M. to 11 P.M.
2. *Clinical Conferences with Dr. Sandor Lorand, 8 sessions; Mondays, beginning February, 1939.
3. *Clinical Conferences with Dr. Albert Slutsky, 8 sessions; Mondays, beginning April, 1939.
4. *Clinical Conferences with Dr. Karen Horney, 8 sessions; Mondays, beginning April, 1939.
5. Clinical Conferences on Medical Child Analysis with Dr. David M. Levy, 8 sessions; Tuesdays, beginning October 4, 1938 and omitting nights of Society meetings. Students in training are required to attend the courses marked (*).

THE NEW YORK PSYCHOANALYTIC INSTITUTE. Extension School offers the following courses for social workers:

1. The Application of Psychoanalysis to Social Work, a course for a selected group of advanced social workers. The aim of the course will be to present a thorough psychoanalytic discussion of social work cases, with particular reference to those elements that have direct bearing on the practical problems of social work.

The psychodynamics of family and social relationships will be presented from the standpoint of psychoanalytic principles in relation to practical management. These seminars will be given in the form of round table discussions. Attendance is limited to twenty.

The structure of this course has been modified in accordance with experience in similar courses in the past. No general theoretical lectures will be given. The four subdivisions of the course will consist each of (a) an introductory clinical lecture and (b) several sessions of detailed review of a representative number of especially prepared social work cases that demonstrate the issues under consideration. These subdivisions are: I. The Child—Conscious and Unconscious Aggressive Attitudes—Delinquency Manifestations (stealing, truancy, lying, etc.). II. Parental Conflicts and Their Manifestations. III. Character Types and Social Behavior. IV. Types of Procedure of Therapy. The seminars will be conducted by Dr. I. T. Broadwin. The seminars will commence on Thursday, October 6, 1938 at 8:30 P.M., and will be given for fifteen successive Thursdays, with the omission of November 24th.

2. Psychoanalytic Thinking in Case Work, an intermediate seminar for social workers, will be given under the auspices of the New York Psychoanalytic Institute this fall. The aim of this course is to demonstrate the correct manner of utilizing the psychological findings of psychoanalysis in case work. The psychological forces operating in the contact of clients with case work agencies will be considered. The approach will be practical; actual case work material

will be utilized as the basis for discussions. The chief topics of discussion will be: (1) The psychology of the client in contact with a case work agency; his demands and needs, his hopes and fears, his normal and neurotic responses to the worker and the unconscious motivation of these responses. (2) The psychological resources of the worker in dealing with the client; the problems of human understanding, contact and influence. (3) Critical review of some psychoanalytic concepts which found their way into social work, such as the concepts aggression, anxiety, fixation, guilt, hostility, instinct, libido, regression, repression, sexuality, symbolism. An effort will be made to clarify the factual meaning of such theoretical concepts and to examine the extent of their practical use for the worker. The seminars will be grouped as follows: I. Problems of Intake. II. Problems during the Early Stages of Case Work. III. Problems during the Later Stages of Case Work. IV. Problems of Termination of Case Work. The seminars will be conducted by Dr. Richard L. Frank. The seminars will commence on Tuesday, October 11, 1938 at 8:30 P.M. and will be given for eight successive Tuesdays, with the omission of October 25th and November 29th.

THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE, Section on Medical Sciences, announces a symposium on Mental Health in collaboration with the American Psychiatric Association at its winter meeting in Richmond, Virginia, December 27–31, 1938. Collaborating in the enterprise in addition to the American Psychiatric Association (an affiliated body of the A.A.A.S.), are the United States Public Health Service, the Mental Hospital Survey Committee (composed of eight national medical bodies), The National Committee for Mental Hygiene, and a special committee of psychiatrists who are developing the program for the Symposium under the chairmanship of Dr. Walter L. Treadway, Assistant Surgeon General of the Public Health Service in charge of mental hygiene activities. It will be the first time in the history of American psychiatry and the mental hygiene movement that the subject has received the special attention of this scientific body as a major topic on its agenda.

THE CHILD STUDY ASSOCIATION OF AMERICA has announced a two-day conference on the general topic of a half century of progress in the understanding of child life and the improvement of family relationships to be held November 14th to 18th as part of its 50th Anniversary program. The conference will begin with the Association's 50th Anniversary Dinner on the evening of the 15th, and this will be followed by a three-day Institute on the 16th, 17th and 18th. This entire schedule of events will take place at the Hotel Roosevelt, in New York City.